

**CITY OF ST. CHARLES**  
TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



COMMUNITY DEVELOPMENT DIVISION

PHONE: (630) 377-4443 EMAIL: cd@stcharlesil.gov

**SPECIAL USE APPLICATION**  
(To request a Special Use or Amendment, or a Special Use for PUD or Amendment)

<b>For City Use</b>	
Project Name:	Valley Ambulatory Surgery Center PUD
Project Number:	2020-PR-017
Cityview Project Number:	PLSU202000050

<b>Received/Date</b> St. Charles, IL  OCT 28 2020  CDD Planning Division
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*To request a Special Use for a property, or to request to amend an existing Special Use Ordinance for a property, complete this application and submit it with all required attachments to the Planning Division.*

*City staff will review submittals for completeness and for compliance with applicable requirements prior to establishing a public hearing date for an application.*

*The information you provide must be complete and accurate. If you have a question please call the Planning Division and we will be happy to assist you.*

<b>1. Property Information:</b>	Location: 2340 Dean St., St. Charles, IL 60175	
	Parcel Number (s): 09-29-227-083	
	Proposed Name: Valley Ambulatory Surgery Center PLanned Unit Development (Existing)	
<b>2. Applicant Information:</b>	Name Marcelo Carlos (Contact: Patrick M. Griffin, Attorney)	Phone 630-524-2566
	Address 1122 Grand Ave. Waukegan, IL 60085	Fax n/a
		Email pgriffin@gwillplaw.com
<b>3. Record Owner Information:</b>	Name Valley Medical Building Corporation (Contact: Scott L. Seraphin, Attorney)	Phone 630-584-4659
	Address 2320 Dean St., Suite 104 St. Charles, IL 60175	Fax
		Email sls@seraphin-law.com

**Please check the type of application:**

- Special Use for Planned Unit Development - PUD Name:** Valley Ambulatory Surgery Center PUD
- New PUD
- Amendment to existing PUD- Ordinance #:** 1996-M-17; 1997-M-76
- PUD Preliminary Plan filed concurrently
- Other Special Use (from list in the Zoning Ordinance):** \_\_\_\_\_
- Newly established Special Use
- Amendment to an existing Special Use Ordinance #: \_\_\_\_\_

**Information Regarding Special Use:**

Comprehensive Plan designation of the property: Industrial / Business Park

Is the property a designated Landmark or in a Historic District? No

What is the property's current zoning? PUD - OR - Office / Research

What is the property currently used for? Vacant Recovery Care Center

If the proposed Special Use is approved, what improvements or construction are planned?

**No exterior construction or improvements are planned. Applicant seeks to convert the property into an assisted living facility and will perform an interior remodel.**

**For Special Use Amendments only:**

Why is the proposed change necessary?

**Although the underlying OR - Office Research zoning district includes assisted living facilities as a permitted use, the current PUD does not expressly allow for an assisted living facility.**

What are the proposed amendments? (Attach proposed language if necessary)

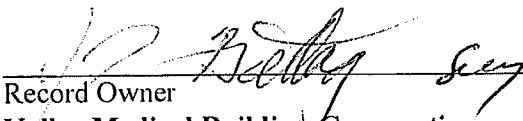
**Applicant seeks a single amendment which would add assisted living as a permitted use under the PUD ordinance.**


**Note for existing buildings:**

If your project involves using an existing building, whether you plan to alter it or not, please contact the St. Charles Fire Department (630-377-4458) and the Building and Code Enforcement Division (630-377-4406) for information on building, life safety and other code requirements. Depending on the proposed use, size of structure and type of construction, these requirements can result in substantial costs.

21. Provision of handicapped parking spaces
22. Dimensions of handicapped parking spaces
23. Depressed ramps available to handicapped parking spaces
24. Location, dimensions and elevations of freestanding signs
25. Location and elevations of trash enclosures
26. Provision for required screening, if applicable
27. Exterior lighting plans showing:
  - a. Location, height, intensity and fixture type of all proposed exterior lighting
  - b. Photometric information pertaining to locations of proposed lighting fixtures

**I (we) certify that this application and the documents submitted with it are true and correct to the best of my (our) knowledge and belief.**

  
 Record Owner \_\_\_\_\_ Date 10/15/20  
 Valley Medical Building Corporation

  
 Applicant or Authorized Agent \_\_\_\_\_ Date 10-15-20  
 PATRICK M. GRIFFIN, ATTORNEY AND  
 AUTHORIZED AGENT

**CITY OF ST. CHARLES  
REIMBURSEMENT OF FEES AGREEMENT**



City of St. Charles Acct. # \_\_\_\_\_

**I. Owner:**

Owner of Property: Valley Medical Building Corporation Date: 10-15-20

Owner's Address: 2320 Dean St., Suite 104, St. Charles, IL 60175

Owner's Phone Number: 630-584-4659

If Owner is a Land Trust, the names and addresses of the beneficiaries of the Trust:

**II. Person Making Request (Petitioner/Applicant):**

Name of Petitioner/Applicant: Marcelo Carlos / Contact: Patrick M. Griffin, Attorney

Petitioner's/Applicant's Address: 1122 Grand Ave., Waukegan, IL 60085

Petitioner's /Applicant's Phone Number: 630-524-2566

**III. Location of Property:**

General Location of Property: North side of Dean St., West of Randall Rd.

Acreage of Parcel: +/- 1.3 acres

Permanent Index Number(s): 09-29-227-083

Legal Description (attach as Exhibit A)

**IV. Reimbursement of Fees:**


If the City determines, in its sole and exclusive discretion, that it is necessary to obtain professional services, including, but not limited to, attorneys; engineers; planners; architects; surveyors; court reporters; traffic, drainage or other consultants, and/or to incur costs related to any required notices or recordations, in connection with any Petition or Application filed by the Petitioner/Applicant, then the Petitioner/Applicant and Owner shall be jointly and severally liable for the payment of such professional fees and costs, as shall actually be incurred by the City.

The remedies available to the City as set forth hereinabove are non-exclusive and nothing herein shall be deemed to limit or waive the City's right to seek relief of such fees against any or all are responsible parties in a court of competent jurisdiction.

Any remaining balance of funds deposited pursuant to this Agreement shall be refunded upon the later occurring of the following events: completion of City deliberation on the petition or application, recordation of all necessary documents associated with the petition or application, or issuance of a building permit upon the real property in question.

BY SIGNING BELOW, THE PETITIONER/APPLICANT AND OWNER ACKNOWLEDGE THAT EACH OF THEM HAS READ THE FOREGOING PARAGRAPHS AND EACH OF THEM FULLY UNDERSTANDS AND AGREES TO COMPLY WITH THE TERMS SET FORTH HEREIN. FURTHER, BY SIGNING BELOW, EACH SIGNATORY WARRANTS THAT HE/SHE/IT POSSESSES FULL AUTHORITY TO SO SIGN.

THE PETITIONER/APPLICANT AND OWNER AGREE THAT PETITIONER/APPLICANT AND OWNER SHALL BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF FEES REFERRED TO IN APPLICABLE SECTIONS OF THE ORDINANCES OF THE CITY OF ST. CHARLES, AND AS SET FORTH HEREIN.

  
\_\_\_\_\_  
Petitioner/Applicant  
PATRICK M. CIRIFFAL, ATTORNEY AND  
AUTHORIZED AGENT

  
\_\_\_\_\_  
Owner  
Valley Medical Building Corporation

Date: 10/15/20

City of St. Charles

By: \_\_\_\_\_  
City Administrator

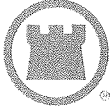
\_\_\_\_\_  
Attest

Date: \_\_\_\_\_



# ALTA COMMITMENT FOR TITLE INSURANCE

Issued By:



CHICAGO TITLE INSURANCE COMPANY

Commitment Number:

**18GNW745112GV**  
**Revision 1**

## NOTICE

**IMPORTANT - READ CAREFULLY:** THIS COMMITMENT IS AN OFFER TO ISSUE ONE OR MORE TITLE INSURANCE POLICIES. ALL CLAIMS OR REMEDIES SOUGHT AGAINST THE COMPANY INVOLVING THE CONTENT OF THIS COMMITMENT OR THE POLICY MUST BE BASED SOLELY IN CONTRACT.

THIS COMMITMENT IS NOT AN ABSTRACT OF TITLE, REPORT OF THE CONDITION OF TITLE, LEGAL OPINION, OPINION OF TITLE, OR OTHER REPRESENTATION OF THE STATUS OF TITLE. THE PROCEDURES USED BY THE COMPANY TO DETERMINE INSURABILITY OF THE TITLE, INCLUDING ANY SEARCH AND EXAMINATION, ARE PROPRIETARY TO THE COMPANY, WERE PERFORMED SOLELY FOR THE BENEFIT OF THE COMPANY, AND CREATE NO EXTRACTIONAL LIABILITY TO ANY PERSON, INCLUDING A PROPOSED INSURED.

THE COMPANY'S OBLIGATION UNDER THIS COMMITMENT IS TO ISSUE A POLICY TO A PROPOSED INSURED IDENTIFIED IN SCHEDULE A IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THIS COMMITMENT. THE COMPANY HAS NO LIABILITY OR OBLIGATION INVOLVING THE CONTENT OF THIS COMMITMENT TO ANY OTHER PERSON.

## COMMITMENT TO ISSUE POLICY

Subject to the Notice; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and the Commitment Conditions, Chicago Title Insurance Company, a Florida corporation (the "Company"), commits to issue the Policy according to the terms and provisions of this Commitment. This Commitment is effective as of the Commitment Date shown in Schedule A for each Policy described in Schedule A, only when the Company has entered in Schedule A both the specified dollar amount as the Proposed Policy Amount and the name of the Proposed Insured.

If all of the Schedule B, Part I-Requirements have not been met within one hundred eighty (180) days after the Commitment Date, this Commitment terminates and the Company's liability and obligation end.

**Chicago Title Insurance Company**

By:

\_\_\_\_\_  
President

Attest:

\_\_\_\_\_  
Secretary

*This page is only a part of a 2016 ALTA® Commitment for Title Insurance issued by Chicago Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.*

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CHICAGO TITLE INSURANCE COMPANY

Transaction Identification Data for reference only:

ORIGINATING OFFICE:	FOR SETTLEMENT INQUIRIES, CONTACT:
Chicago Title Company, LLC 1795 West State Street Geneva, IL 60134 Main Phone: (630)232-2750 Email: ctgeneva@ctt.com	Chicago Title and Trust Company 1795 West State Street Geneva, IL 60134 Main Phone: (630)232-2750 Main Fax: (630)232-2341

Issued By: Seraphin & Rogers, Ltd.  
2210 Dean St., Suite P-2  
St. Charles, IL 60175

Order Number: 18GNW745112GV

Property Ref.: 2210 Dean St, Saint Charles, IL 60175

SCHEDULE A

1. Commitment Date: October 24, 2019
2. Policy to be issued:
  - (a) ALTA Owner's Policy 2006  
 Proposed Insured: Marcelo M. Carlos and Anicia V. Carlos  
 Proposed Policy Amount: \$750,000.00
  - (b) ALTA Loan Policy 2006  
 Proposed Insured: Lender with a contractual obligation under a loan agreement with the Proposed Insured for an Owner's Policy, its successors and/or assigns as their respective interests may appear  
 Proposed Policy Amount: \$10,000.00
3. The estate or interest in the Land described or referred to in this Commitment is:  
 Fee Simple
4. The Title is, at the Commitment Date, vested in:  
Valley Medical Building Corporation, an Illinois corporation

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**SCHEDULE A**  
(continued)

5. The Land is described as follows:

Parcel 09-29-227-083-0000; Parcel 1: LOT 1 OF VALLEY MEDICAL INN SUBDIVISION, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.

PARCEL 1A: EASEMENT FOR BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS AND PARKING PURPOSES AS SET FORTH AND DESCRIBED IN INSTRUMENT RECORDED OCTOBER 21, 1996 DOCUMENT 96K075131.

**END OF SCHEDULE A**

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**SCHEDULE B, PART I  
REQUIREMENTS**

All of the following Requirements must be met:

1. The Proposed Insured must notify the Company in writing of the name of any party not referred to in this Commitment who will obtain an interest in the Land or who will make a loan on the Land. The Company may then make additional Requirements or Exceptions.
2. Pay the agreed amount for the estate or interest to be insured.
3. Pay the premiums, fees, and charges for the Policy to the Company.
4. Documents satisfactory to the Company that convey the Title or create the Mortgage to be insured, or both, must be properly authorized, executed, delivered, and recorded in the Public Records.
5. Notice: Please be aware that due to the conflict between federal and state laws concerning the cultivation, distribution, manufacture or sale of marijuana, the Company is not able to close or insure any transaction involving Land that is associated with these activities.
6. **The Proposed Policy Amount(s) must be increased to the full value of the estate or interest being insured, and any additional premium must be paid at that time. An Owner's Policy should reflect the purchase price or full value of the Land. A Loan Policy should reflect the loan amount or value of the property as collateral. Proposed Policy Amount(s) will be revised and premiums charged consistent therewith when the final amounts are approved.**

**END OF SCHEDULE B, PART I**

**Title Insurance Agent:**

Seraphin & Rogers, Ltd.  
2210 Dean St., Suite P-2  
St. Charles, IL 60175  
Phone: (630)584-4659  
Fax: (630)584-4123

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Authorized Signatory

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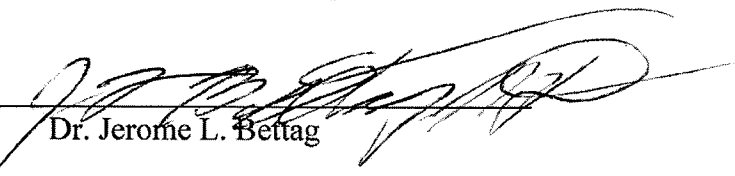
**OWNER AUTHORIZATION**

The undersigned, Valley Medical Building Corporation (“Owner”) certifies that it has authorized the foregoing Application for Special Use and/or Amendment to Planned Unit Development to be submitted to the City of St. Charles (the “Application”).

The undersigned provides this authorization solely as Owner of the real estate that is the subject of the Application, and for the limited purpose of consenting to the Application. Owner makes no representation as to the Application’s conformance with applicable ordinances.

OWNER:

Valley Medical Building Corporation

By:   
Dr. Jerome L. Beltag

Its: Secretary

Date: 02.14.2020

**LEGAL DESCRIPTION**

**PARCEL 1:**

LOT 1 OF VALLEY MEDICAL INN SUBDIVISION, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.

**PARCEL 1A:**

EASEMENT FOR BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS AND PARKING PURPOSES AS SET FORTH AND DESCRIBED IN INSTRUMENT RECORDED OCTOBER 21, 1996 DOCUMENT 96K075131.





# CRITERIA FOR PLANNED UNIT DEVELOPMENTS (PUDS)



*\*For Special Use for PUD or PUD Amendment applications.\**

*The St. Charles Zoning Ordinance requires the Plan Commission to consider the criteria listed below in making a recommendation to the City Council on whether a proposed Planned Unit Development is in the public interest.*

*As the applicant, the "burden of proof" is on you to provide information that addresses the criteria below in order to demonstrate that the project is in the public interest.*

*(You may utilize this form or provide the responses on another sheet.)*

Valley Ambulatory Surgery Center PUD

10-15-20

*PUD Name*

*Date*

**From the St. Charles Zoning Ordinance, Section 17.04.410.3:**

The Plan Commission shall not favorably recommend, and the City Council shall not approve, a Special Use for a PUD or an amendment to a Special Use for a PUD unless they each make findings of fact based on the application and the evidence presented at the public hearing that the PUD is in the public interest, based on the following criteria:

**i. The proposed PUD advances one or more of the purposes of the Planned Unit Development procedure stated in Section 17.04.400.A:**

1. To promote a creative approach to site improvements and building design that results in a distinctive, attractive development that has a strong sense of place, yet becomes an integral part of the community.
2. To create places oriented to the pedestrian that promote physical activity and social interaction, including but not limited to walkable neighborhoods, usable open space and recreational facilities for the enjoyment of all.
3. To encourage a harmonious mix of land uses and a variety of housing types and prices.
4. To preserve native vegetation, topographic and geological features, and environmentally sensitive areas.
5. To promote the economical development and efficient use of land, utilities, street improvements, drainage facilities, structures and other facilities.
6. To encourage redevelopment of sites containing obsolete or inappropriate buildings or uses.
7. To encourage a collaborative process among developers, neighboring property owners and residents, governmental bodies and the community

**The proposed use advances several of the factors listed in Section 17.04.400.A in that:**

**(1) it encourages the harmonious integration of an assisted living facility within a currently vacant recovery care center; (2) it preserves all existing improvements and infrastructure; and (3) it promotes the economical adaptive re-use of a now obsolete facility.**

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- ii. **The proposed PUD and PUD Preliminary Plans conform to the requirements of the underlying zoning district or districts in which the PUD is located and to the applicable Design Review Standards contained in Chapter 17.06, except where:**
  - A. **Conforming to the requirements would inhibit creative design that serves community goals, or**
  - B. **Conforming to the requirements would be impractical and the proposed PUD will provide benefits that outweigh those that would have been realized by conforming to the applicable requirements.**

**Factors listed in Section 17.04.400.B shall be used to justify the relief from requirements:**

1. The PUD will provide community amenities beyond those required by ordinance, such as recreational facilities, public plazas, gardens, public are, pedestrian and transit facilities.
2. The PUD will preserve open space, natural beauty and critical environmental areas in excess of what is required by ordinance or other regulation.
3. The PUD will provide superior landscaping, buffering or screening.
4. The buildings within the PUD offer high quality architectural design.
5. The PUD provides for energy efficient building and site design.
6. The PUD provides for the use of innovative stormwater management techniques.
7. The PUD provides accessible dwelling units in numbers or with features beyond what is required by the Americans with Disabilities Act (ADA) or other applicable codes.
8. The PUD provides affordable dwelling units in conformance with, or in excess of, City policies and ordinances.
9. The PUD preserves historic buildings, sites or neighborhoods.

**The proposed amendment advances the factors listed in Section 17.04.400.B and supports the requested variances from the original PUD standards in that it preserves all of the existing improvements, infrastructure an other existing attributed of the PUD, while allowing the adaptive re-use of the existing building for an assisted living facility.**

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iii. The proposed PUD conforms with the standards applicable to Special Uses (section 17.04.330.C.2):

A. Public Convenience: The Special Use will serve the public convenience at the proposed location.

**The proposed amendment will serve the public convenience by providing a use that is in demand in replacement of an obsolete use. The underlying OR - Office Research zoning district already allows assisted living facilities a permitted use, and the location of this use adjacent to the Randall Rd. corridor will provide convenience to the facility's residents and visitors.**

B. Sufficient Infrastructure: That adequate utilities, access roads, drainage and/or necessary facilities have been, or are being, provided.

**The proposed use is located within an existing PUD already developed with all required utilities, access roads and drainage facilities, and the proposed use will have no adverse impact on the existing infrastructure as it is not increasing the intensity of developemnt within the PUD.**

C. Effect on Nearby Property: That the Special Use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish or impair property values within the neighborhood.

**The proposed amendment wil not be injurious to nearby properties in that it utilizes the existing existing building and no additional exterior improvements or expansion is planned.**

D. Effect on Development of Surrounding Property: That the establishment of the Special Use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

**The proposed amendment will not impede the normal and orderly development of the surrounding property, and in fact will assist in the full utilization of the existing PUD.**

E. Effect on General Welfare: That the establishment, maintenance or operation of the Special Use will not be detrimental to or endanger the public health, safety, comfort or general welfare.

**The proposed amendment will not be detrimental to, nor will it endanger the public health, safety, comfort or general welfare in that it merely seeks to utilize an existing building for a use that is permitted in the underlying OR - Office / Research zoning district, but which is not currently a permitted use under the PUD ordinance.**

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- F. Conformance with Codes: That the proposed Special Use conforms to all applicable provisions of the St. Charles Municipal Code and meets or exceeds all applicable provisions of this Title, except as may be varied pursuant to a Special Use for Planned Unit Development.

**The proposed amendment conforms to all existing federal, State and local laws and meets or exceeds all applicable provisions of the St. Charles Municipal Code, except as may be varied pursuant to a Special Use or Planned Unit Development. The only departure from existing requirements is (the assisted living facility as a permitted use) is being addressed by this proposed amendment.**

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- iv. The proposed PUD will be beneficial to the physical development, diversity, tax base and economic well-being of the City.

**The proposed amendment will be beneficial to the physical development, diversity, tax base and economic well-being of the City in that it will encourage the adaptive re-use of a currently vacant building and will replace an obsolete use.**

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- v. The proposed PUD conforms to the purposes and intent of the Comprehensive Plan.

**The proposed amendment conforms to the purposes and intent of the Comprehensive Plan in that it: (1) Promotes orderly growth and change; (2) enhances the economic viability and productivity of the Randall Rd. corridor; and (3) Encourages the adaptive re-use of a functionally obsolete improvement, among others.**

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