

## ST. CHARLES ZONING BOARD OF APPEALS

**VARIATION #:** V-1-2019

**LOCATION:** 318 WALNUT ST.

**Requested Action:** Zoning Variation to increase the maximum allowed building coverage from 40% to 45.7% (as shown on the attached site plan).

**Purpose and Scope:** The applicant is proposing to construct a 10' x 26'6" addition to the front of the building, in the area of the current open porch. The maximum building coverage is 40%. The applicant is requesting a Variation to increase the maximum building coverage to allow construction of the addition, which will increase building coverage of the lot to 45.7%.

**Existing Land Use:** Health Clinic (Tri City Health Partnership)

**Existing Zoning:** CBD-2 Mixed Use Business District



**City of St. Charles, Illinois**

**Historic Preservation Commission Resolution No. 6-2019**

**A Resolution Recommending Approval of a Zoning Variation  
(318 Walnut St. – Tri City Health Partnership)**

WHEREAS, it is the responsibility of the St. Charles Historic Preservation Commission to review applications for the Zoning Variations for property within Historic Districts; and

WHEREAS, the Historic Preservation Commission has reviewed the Zoning Variation Application for 318 Walnut St. and has found the requested variations will have no negative impact on the historic resources of the City, particularly with regard to the Central Historic District.

NOW THEREFORE, be it resolved by the St. Charles Historic Preservation Commission to recommend to the Zoning Board of Appeals approval of the Zoning Variation Application for 318 Walnut St.

Roll Call Vote:

Ayes: Norris, Malay, Kessler, Mann, Krahenbuhl, Smunt, Pretz,

Nays: None

Abstain: None

Absent: None

Motion Carried.

**PASSED**, this 5th day of June, 2019.

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Chairman

**Zoning Board of Appeals**  
CITY OF ST. CHARLES  
TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



FOR OFFICE USE  
Received 4/22/19

File # V-1-2019

Fee Paid \$ 300

Receipt \_\_\_\_\_

**APPLICATION FOR A VARIATION**

PLEASE PRINT AND PROVIDE ALL INFORMATION AS REQUESTED.

**APPLICANT & OWNER:**

Name of Applicant\* Tri City Health Partnership (Kim Lamansky)  
Phone 630-377-9277 Email Address klamansky@tchpfreeclinic.org  
Address/City/State/Zip 318 Walnut St. St. Charles, IL 60174  
Applicant's interest in the property Executive Director  
Name and Phone of Owner(s) of Record\* Tri City Health Partnership 630-377-9277

Applicant is (check one) ☐ Attorney ☐ Agent ☐ Owner ☐ Other: Executive Director  
Owner acquired the property on (date): April, 2014

**ADDRESS, USE & ZONING OF PROPERTY:**

Address of Property (attach legal description) 318 Walnut St. St. Charles, IL 60174  
Present Use (commercial, industrial, residential, etc.) Commercial  
Zoning District \_\_\_\_\_  
To your knowledge, have any previous applications for variations been filed in connection with this property? ☐ No  
If YES, provide relevant information \_\_\_\_\_

**ACTION BY APPLICANT ON PROPERTY:**

Permit applied for and denied? (yes or no) ☐ No  
An Appeal was made with respect to this property? (yes or no) ☐ No  
Appeal Application File Number \_\_\_\_\_  
Appeal approved? (yes or no) \_\_\_\_\_  
Appeal Application accompanies this request for variation? (yes or no) \_\_\_\_\_

*\*In the event that the applicant or owner is a trustee of a land trust or beneficiary of a land trust, a statement identifying each beneficiary by name and address of such land trust and defining his/her interest therein must be attached hereto. Such statement shall be verified by the trustee of such trust.*

### REASON FOR REQUEST:

- A. Variation requested (state specific measurements): Tri City Health Partnership (TCHP) is respectfully requesting a variation to the current building coverage limitation. Currently the property is at 37% of allowable building coverage, but with the proposed construction of a 10' x 26'6" addition, and the new porch, that would bring the total to 45.7%.
- B. Reason for request: TCHP is requesting the variance for the construction of additional clinic usage space containing porch, additional medical exam room, expanded lab area as well as an expanded waiting area, office/conference room and storage space.
- C. Purpose for which property will be used: TCHP is the only free medical and dental clinic in Central Kane County, and this additional space would provide much needed access to meet the growing demand for services.

### CRITERIA FOR VARIATION:

The Board of Zoning Appeals may approve a Variation only when it makes written findings with respect to each requested Variation, based upon the evidence presented at the public hearing, that strict compliance with the regulations and standards of the Zoning Ordinance would create practical difficulties or particular hardships for the subject property, and the requested Variation is consistent with the stated purposes and intent of the Zoning Ordinance.

In making its determination of whether practical difficulties or particular hardships exist, the Board of Zoning Appeals must take into consideration the extent to which evidence has been submitted substantiating the criteria have been met.

**Provide a response under each item to substantiate that the requested variation meets the criteria:**

1. **Do the particular physical surroundings, shape or topographical condition of the specific property involved result in a practical difficulty or particular hardship to the property owner, as distinguished from a mere inconvenience, if the strict letter of the regulations were carried out?** (Explain)  
Yes, the current property is a barrier to care for the growing needs of the underserved in the community. The small size of the lot (3,007 square feet) and the building coverage maximum has resulted in a limited building area.
2. **Are the conditions upon which the petition for a Variation is based applicable, generally, to other property within the same zoning classification?** (Explain) No. It should be noted that the property is smaller than most lots in the CBD-2 zoning district.
3. **Is the purpose of the Variation based exclusively upon a desire to make more money out of the property?** (Explain) Absolutely not. TCHP **never** charges a fee for services, so no "new" money will be received.

4. **Has the alleged practical difficulty or particular hardship been created by any person presently having an interest in the property?** (Explain)   No.   TCHP moved into the existing building on the existing lot. On-site visits continue to be on the rise, (up 17% overall in the past 5 years) and the current footprint does not allow TCHP to keep up with demand. The current floor plan provides only 1 medical and 1 dental exam room. The proposed variation will increase the internal space to allow for the rising number of low-income, uninsured residents needing access to of life-saving care (1,578 visits from St. Charles residents in 2018 alone). The plan will also provide an ADA handicapped ramp.
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5. **Will the Variation, if granted, alter the essential character of the neighborhood?** (Explain)   No.   The current character of the building will not change. In fact, the updates will enhance the appeal and reflect the historical aspect to a higher level.
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6. **Will granting of the Variation be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located?** (Explain)   No.   Interesting that the term "public welfare" is used in the question, given that our mission is: the care and treatment of the public. As to other property in the neighborhood, the Variance and subsequent building improvements will provide TCHP the opportunity to rise to the level of some of the others in the area.
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7. **Will the proposed Variation impair an adequate supply of light and air to adjacent property, or substantially increase the congestion in the public streets, or increase the danger of fire, or endanger the public safety, or substantially diminish or impair property values within the neighborhood?**  
(Explain)   No.   The proposed variance will not encroach on neighbors, streets or parking lots, and will not impede light or air to surrounding properties. There will not be any public safety concerns given the current business model will remain the same and the new footprint will not alter that. Property values in the neighborhood will not go down, given the substantial improvements to the current building.

**ATTACHMENTS REQUIRED:**

- A. **PLAT OF SURVEY:** One (1) copy of a plat of survey (to scale) of the property showing dimensions of all lot lines, existing and proposed structures and distances from lot lines, easements and adjoining streets or uses.
- B. **MAILING LIST:** A written certified list (form attached) containing the registered owners, their mailing and tax parcel numbers as recorded in the Office of the Recorder of Deeds in the county in which the property is located and as appears from the authentic tax records of such county, of all property within 250 feet in each direction of the location for which the variation is requested, provided all the number of feet occupied by all public roads, streets, alleys and other public ways shall be excluded in computing the 250 feet requirement. Registered owner information may be obtained at the St Charles Township Assessor's office, 1725 Dean St., St. Charles, (630) 584-2040. The Kane County Recorder of Deeds is located in the Kane County Government Center, 719 Batavia Ave., Geneva, and (630) 232-5935. The DuPage County Recorder of Deeds is located in the DuPage County Government Center, 421 N. County Farm Rd., Wheaton, and (630) 682-7200.
- C. **FILING FEE:** Filing fee in the amount of **\$300.00** must be rendered at the time the application is submitted. If payment is made by check, it should be made payable to the City of St. Charles.
- D. **REIMBURSEMENT OF FEES AGREEMENT:** An original, executed Reimbursement of Fees Agreement and deposit of funds in escrow with the City, as provided by Appendix B of the Zoning

Ordinance. By signing this Agreement, the applicant agrees to reimburse the City all costs incurred during review of the application, including but not limited to: the cost of the newspaper notice publication; certified mailing to surrounding property owners; Court Reporter at the public hearing(s); and City staff time spent on review and administration of the application.

The total cost of an application typically amounts to approximately \$1,000. However, the cost of each application varies depending on the following:

- Location of the property, due to the number of surrounding property owners and resulting number of certified letters that will be sent.
- Length of the newspaper notice publication which is based on the legal description of the property.
- Length and number of public hearings, which effect the cost of the Court Reporter. Note that if not all Board members are in attendance at the meeting, the applicant may request a continuation of the public hearing in the interest of having more Board members in attendance at a later meeting. If the public hearing is continued, at the request of the applicant or otherwise, the applicant is responsible for the cost of the Court Reporter at the additional public hearing(s).
- Amount of City staff time spent on review and administration of the application.

- E. REIMBURSEMENT OF FEES INITIAL DEPOSIT: Deposit of funds in escrow with the City. For properties less than 5 acres, a deposit in the amount of **\$1,000** is needed. For larger properties, see the table in the Reimbursement of Fees Agreement. These funds will be used to reimburse the City for all costs incurred during review of the application, per the Reimbursement of Fees Agreement. The applicant may need to provide additional funds to cover costs.
- F. LETTER OF AUTHORIZATION: Letter of authorization from the property owner as to the request for the zoning variation must be included, if the applicant is not the property owner.
- G. DISCLOSURE: Disclosure of beneficiaries of a land trust must be included, if the applicant or owner is a land trust.

I (we) certify that all of the above statements and the statements contained in any documents submitted herewith are true to the best of my (our) knowledge and belief.

  
Signature of Applicant or agent

Kim Lamansky  
Print name of applicant/agent

4/12/19  
Date

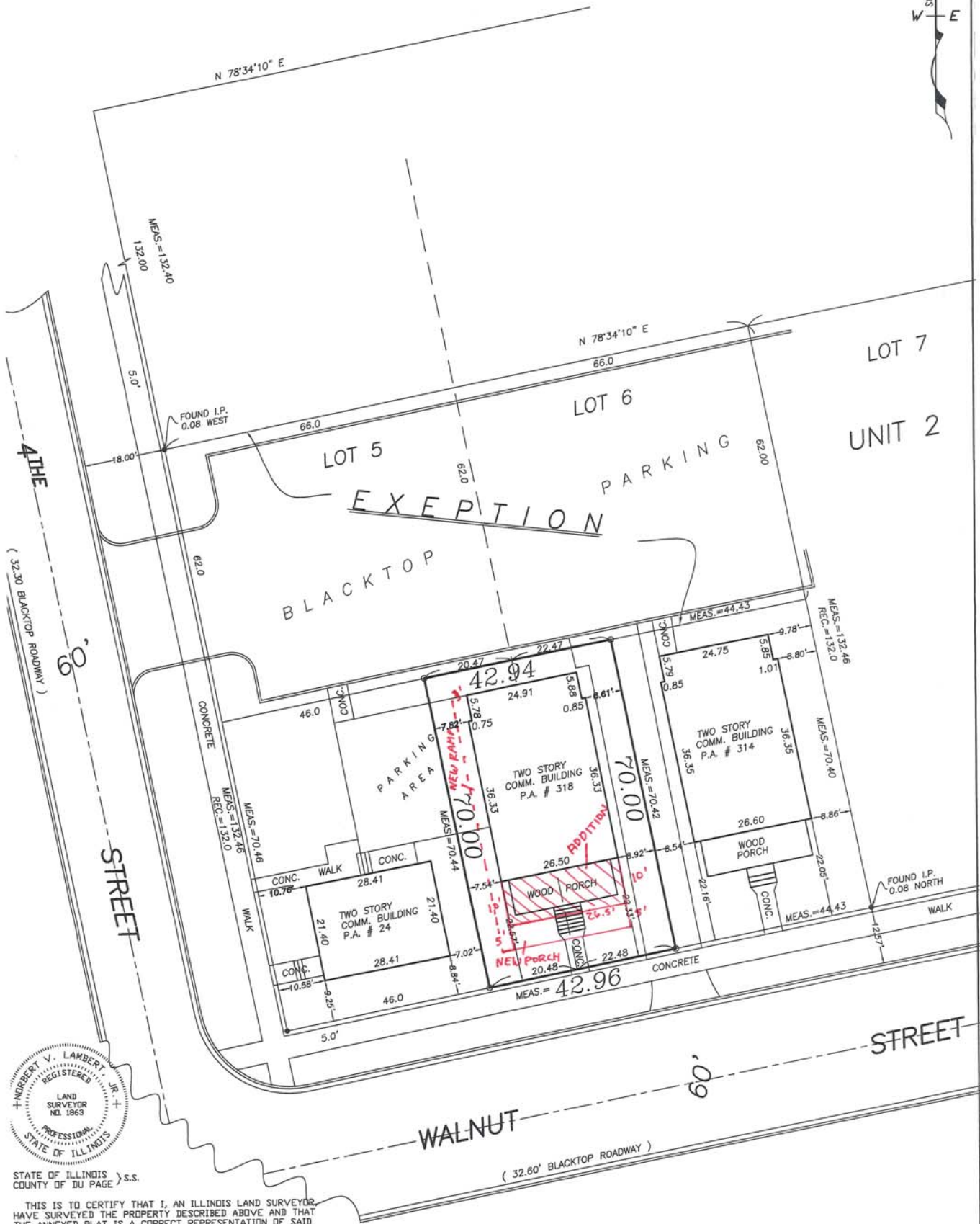
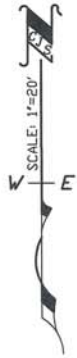
\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Print name of owner

\_\_\_\_\_  
Date

# PLAT OF SURVEY

OF LOT 5 (EXCEPTING THEREFROM THE NORTHERLY 62.0 FEET AND THE WESTERLY 46.0 FEET) AND LOT 6 (EXCEPTING THEREFROM THE NORTHERLY 62.0 FEET AND THE EASTERLY 44.0 FEET) ALL IN BLOCK 49 OF ORIGINAL TOWN OF ST. CHARLES, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.



STATE OF ILLINOIS ) S.S.  
COUNTY OF DU PAGE

THIS IS TO CERTIFY THAT I, AN ILLINOIS LAND SURVEYOR HAVE SURVEYED THE PROPERTY DESCRIBED ABOVE AND THAT THE ANNEXED PLAT IS A CORRECT REPRESENTATION OF SAID SURVEY.

GIVEN UNDER MY HAND AND SEAL AT WHEATON, ILLINOIS, THIS 23RD DAY OF MAY A.D. 2002.

*Norbert V. Lambert*  
Norbert V. Lambert

ILLINOIS LAND SURVEYOR NO. 1863  
REFER TO DEED OR GUARANTEE POLICY FOR RESTRICTIONS NOT SHOWN ON SURVEY.  
ALL DIMENSIONS ARE SHOWN IN FEET AND DECIMALS THEREOF.

• = found iron stake

ORDERED BY: JOHN CRAFT

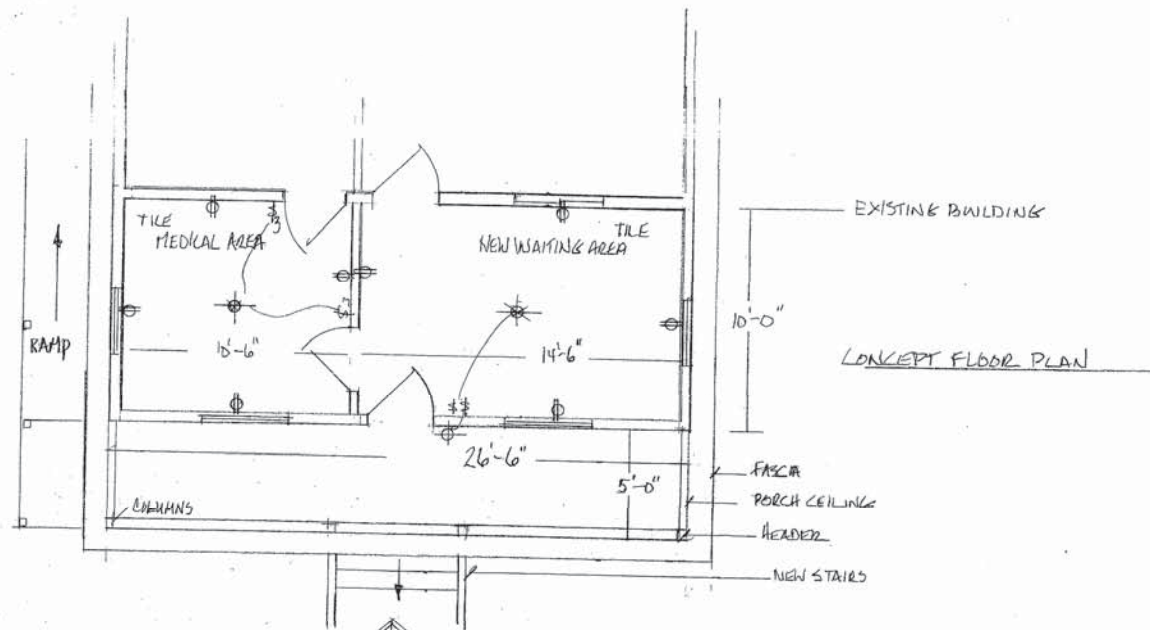
ORDER NO. 02 E 126

FILE NO. 02-0389-2

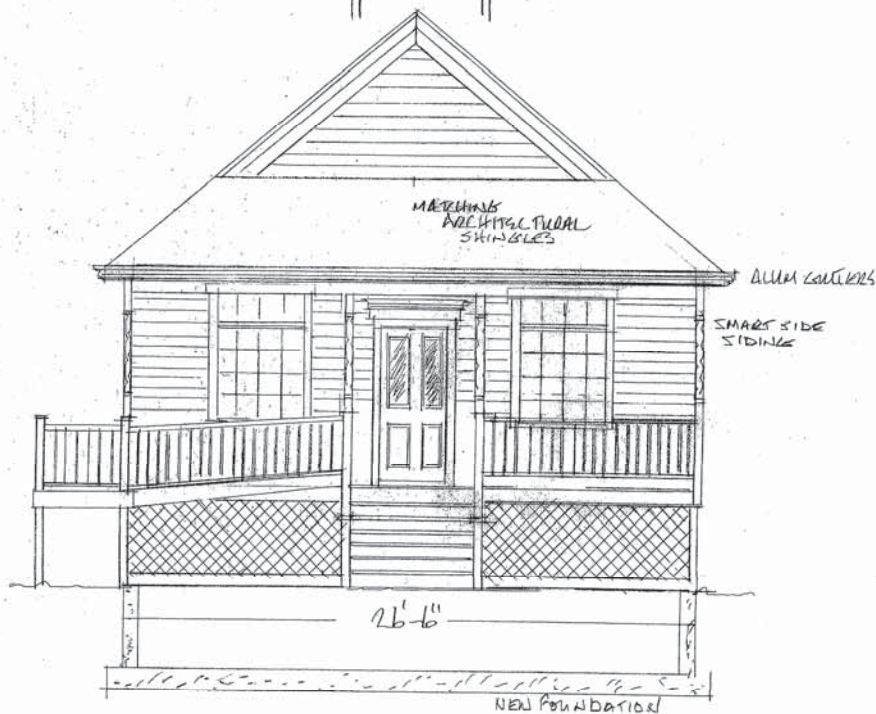
**LAMBERT & ASSOCIATES**  
LAND SURVEYORS

320 SOUTH PERCEP ST. WHEATON, ILL. 60187





PROVIDE A PRIVATE WAITING ROOM  
 ALLOWS MORE SEATING  
 PROVIDE ADDITIONAL MEDICAL EXAM ROOM  
 FOLLOW ALL CURRENT BUILDING CODES  
 VERIFY ALL SELECTIONS WITH OWNERS  
 AND CONTRACTORS



TRI-CITY HEALTH PARTNERSHIP  
 CONCEPT ADDITION + PORCH  
 $\frac{1}{4}" = 1'-0"$  SCALE VERIFY IN FIELD

