					TION COMMISSION CUTIVE SUMMARY	
Ser C	Agenda Item Title/Address:	Variance: 318 Walnut St.				
	Proposal:	Recommendation for Variance Application Kim Lamansky				
ST. CHARLES	Petitioner:					
	Please check ap	propriate box	x (x)			
	PUBLIC HI	EARING			MEETING 6/5/19	X
AGENDA ITEM	I CATEGORY:					
Preliminary	[,] Review			Grant		
Certificate	of Appropriateness (COA)			Other Commission Business		
Landmark/	District Designation		X	Commission Business		
ATTACHMENT	[S:			<u> </u>		
Variance Applica	tion					
Architectural Sur	vey					
Plat of Survey						
Addition Designs						
EXECUTIVE SI	UMMARY:					
		ha Tri City II	oolth T	lontes	whin Donding foodbook from the	
Commission on the requesting a variation residential uses. T	he COA to turn the ince to the 40 % ma The proposed buildi	current open p ximum buildin ng coverage w	orch i ng cov ould b	nto an erage be 45.:	rship. Pending feedback from the addition, the applicant will be allowed in the CBD-2 district f 5%. The Commission is being a gards to approving or rejecting th	for non- isked to

RECOMMENDATION / SUGGESTED ACTION:

• Provide a recommendation to the Zoning Board of Appeals on the variance request.

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



FOR OFFICE USE Received
File #
Fee Paid \$
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	e property Executive Director				
Name and Phone of Own	er(s) of Record* Tri City Heal	th Partnership 630-377-9277			
Applicant is (check one)	Attorney	Agent Own	er _ Other: Executive Director		
Owner acquired the prop	erty on (date): April, 2014	-			

ADDRESS, USE & ZONING OF PROPERTY:

Address of Property (attach legal description) 318 Walnut St. St. Charles	es, IL 60174
Present Use (commercial, industrial, residential, etc.) Commercial	
Zoning District	
To your knowledge, have any previous applications for variation	ns 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) <u>No</u>
Appeal Application File Number	
Appeal approved? (yes or no)	
Appeal Application accompanies this request for v	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:

ţ,

- 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.
- 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.
- 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.
- 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. <u>PLAT OF SURVEY</u>: 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. <u>MAILING LIST</u>: 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. <u>FILING FEE:</u> 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. <u>REIMBURSEMENT OF FEES AGREEMENT:</u> 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 DEPOST: 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.

ature of Applicant or agent

Kim Laman Sky Print name of applicant/agent

41219

Signature of owner

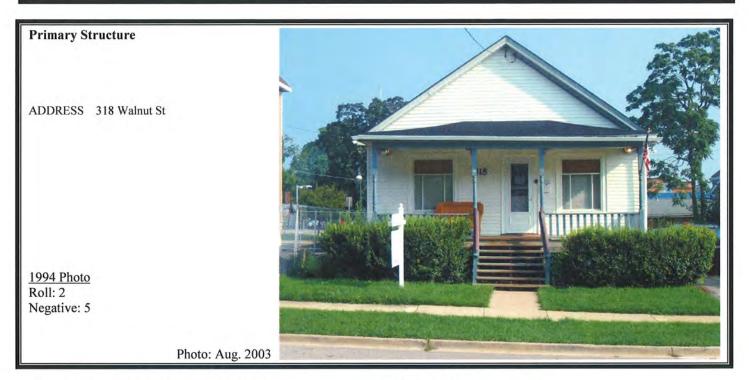
Print name of owner

Date



ARCHITECTURAL SURVEY CENTRAL HISTORIC DISTRICT ST. CHARLES, ILLINOIS

ST. CHARLES HISTORIC PRESERVATION COMMISSION



ARCHITECTURAL SIGNIFICANCE

- □ Significant
- Contributing
- □ Non-Contributing
- D Potential for Individual National Register Designation

ARCHITECTURAL INFORMATION

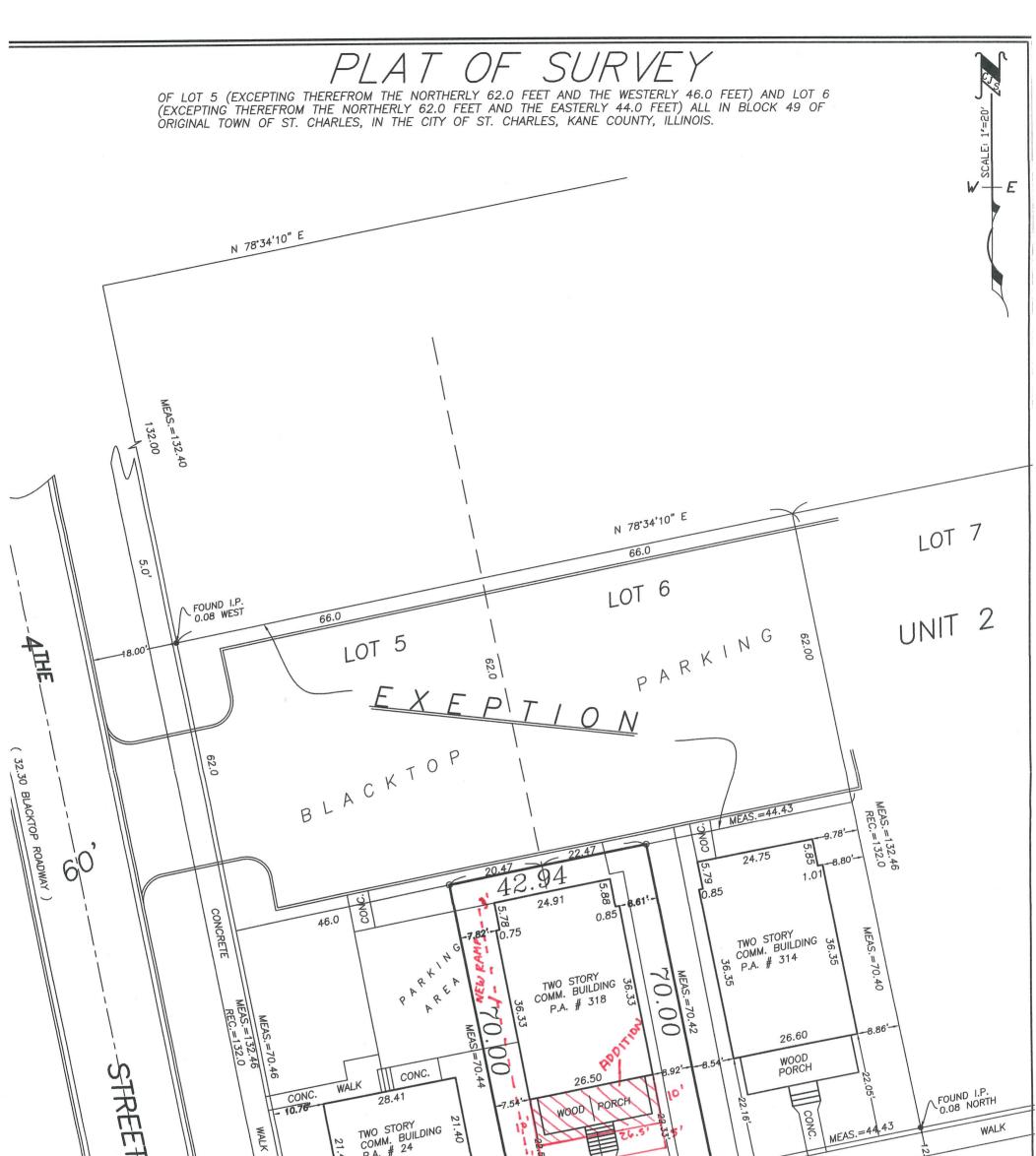
BUILDING CONDITION

- □ Excellent
- Good
- □ Fair
- □ Poor

Architectural Style/Type:	Greek Revival	Exterior Walls (Current):	
Architectural Features:		Exterior Walls (Original):	
Date of Construction:	1914	Foundation:	
Source:	Assessor	Roof Type/Material:	Gable/Asphalt Shingle
Overall Plan Configuration:		Window Material/Type:	

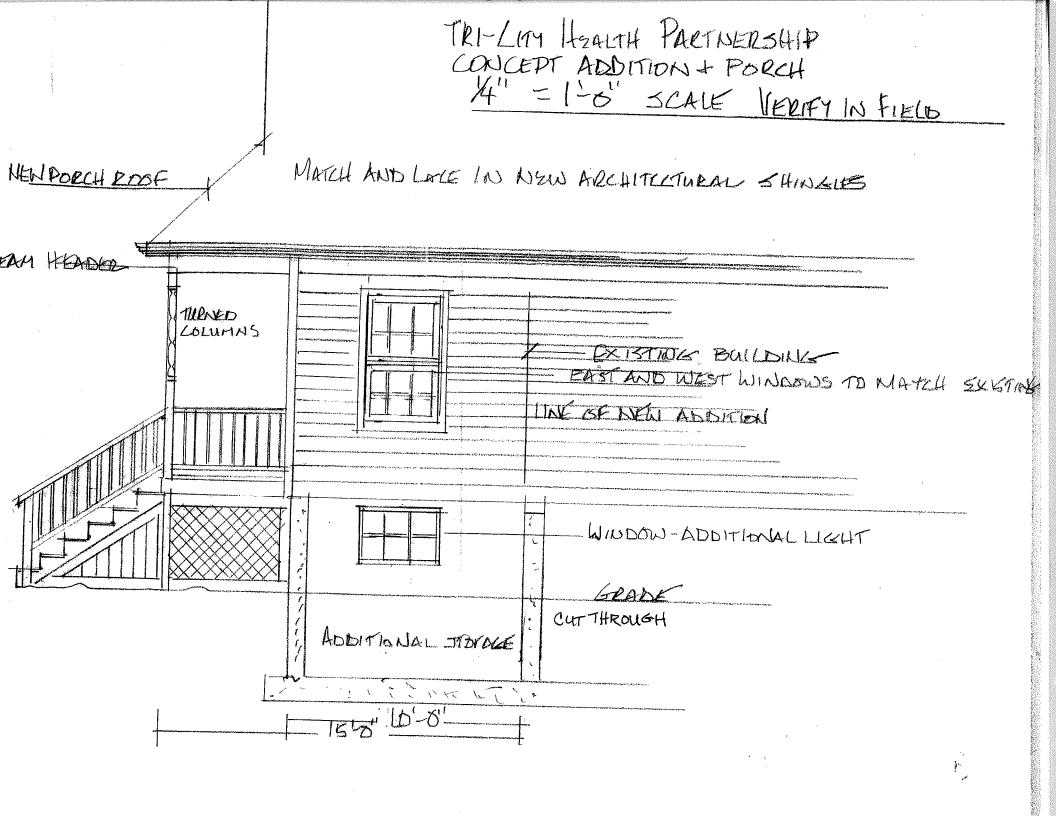
ARCHITECTURAL FEATURES: Two large front windows suggest Victorian influence. Full width porch

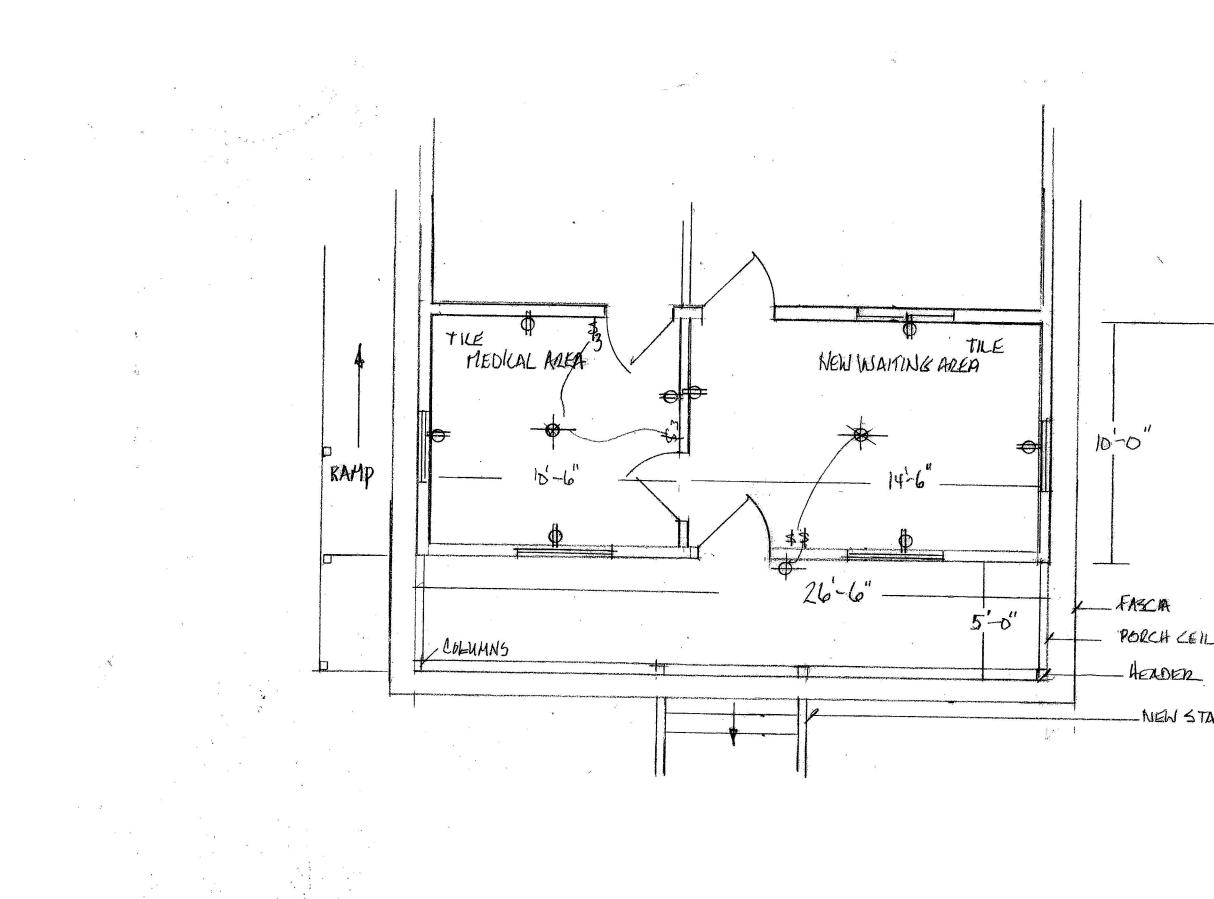
ALTERATIONS: Lean-to shed addition at rear.



	46.0 ME	20.48 0 - 22.48 20.48 CONCRETE AS.= 42.96 CONCRETE 60' BLACKTOP ROADWAY)	-STREET
SURVEY. GIVEN UNDER MY HAND AND SEAL AT WHEATON, ILLINDIS, THIS $23RD$. DAY OF <u>MAY</u> A .D 2002.			
ILLINDIS LAND SURVEYOR NO. 1863 REFER TO DEED OR GUARANTEE POLICY FOR RESTRICTIONS NOT SHOWN ON SURVEY.	= found iron stake	CREDE BYL JOHN CRAFT ORDER NO. CARDER DE BYL JOHN CRAFT ORDER NO. CARDER DE ASURVEYOR LAND SURVEYOR 320 SOUTH PEREP ST L/HEAT	SOCIATES







EXISTING BUILDING

LONKEPT FLOOR PLAN

PORCH CEILING

-NEW STAIRS