46th Ward Zoning and Development Application

ALL APPLICABLE SECTIONS OF THIS FORM SHOULD BE COMPLETED AND SUBMITTED BEFORE A MEETING IS SCHEDULED WITH THE ALDERMAN'S OFFICE. IF INFO IS NOT IMMEDIATELY AVAILABLE BUT IS RELEVANT TO THE PROJECT WRITE, "FUTURE". ANY INFO NOT RELEVANT CAN BE MARKED, "N/A" OR BLANK.

Completed forms can be mailed or emailed to the 46th Ward office: 4544 N. Broadway Ave., Chicago IL, 60640 Email: james@james46.org (Subject: Development Application)

46th Ward Zoning and Development process summary for developers:
1. Fill out Application (below)
2. Meet with Alderman Cappleman
3. Present proposal at open public meeting
4. If necessary, attend meetings with neighborhood groups to address specific concerns
5. For large developments, meet with 46th Ward Zoning & Development committee to present proposal
6. Meet with the Zoning and Development committee for final review (if changes are requested)
7. Decision announced by Alderman Cappleman the next business day
8. This process will conclude prior to any City of Chicago approvals from Alderman Cappleman
9. If a proposal is rejected, the developer may re-p resent the project with significant changes at the discretion of the Alderman

For more information about the 46th Ward Zoning and Development process, please refer to the Developer and Committee Procedure Guidelines

CHICAGO'S 46TH WARD ALDERMAN

JAMES CAPPLEMAN

Questions? Please call the 46th Ward Service office at 773-878-4646 or email tressa@james46.org
[SECTION A] – PLEASE COMPLETE ALL RELEVANT CONTACT INFORMATION

General Information

Project Name: LAWRENCE LOFTS
Date Submitted: ________________________________
Property Owner's Name: LAWRENCE LOFTS, LLC
Property Owner's Address: 1039 W. LAWRENCE
Property Owner's Phone Number: 312-466-8100
Property Owner's Email: JIM@BUILDING-GROUP.COM
Developer's Name: JON STOLLER
Developer's Address: Same
Developer's Phone Number: Same
Developer's Email: Same
Developer's Website: N/A
Architect's Name: Architectural Consulting Group, LTD.
Contact: THOMAS ZORDAN
Architect's Address: 303 N. Northwest Hwy. Ste 205, Barrington, IL
Architect's Phone Number: 847-277-1908
Architect's Email: TZordan@ACG-LTD.NET
General Contractor's Name (if known): TBD
Contact:

Have you met with the Department of Housing and Economic Development regarding the project? Yes ☑ No ___

Who is the DHED contact?: JINA IDEMUOTA
Contact's Phone Number: 312-744-4891
Project Information

Type of Construction: Rehab ✔ New Construction__ Both__ None/Existing__

Project Location/Address: 1039-45 W. LAWRENCE

Brief description of project: CONVERSION OF 390 UNITS TO 80 DWELLING UNITS

IF THE PROJECT IS AN EXISTING STRUCTURE WITH NO NEW CONSTRUCTION OR REHAB PLEASE FORGO THE REMAINDER OF SECTION A AND CONTINUE TO SECTION B

Name of current owner of property: ____________________________________________

If the applicant is not the owner, please describe agreement with owner: ________________________________

If owned by land trust, name of beneficiary: ________________________________

Does the project include an Orange, Red, Landmark or National Register Historic Structure?

If so, which? ORANGE - RATED ________________________________

Current Zoning Designation:

Do you plan to maintain the current zoning designation? Yes__ No ✔

If, so please complete SECTION B.

Building Use(s): Single Family__ Apartment ✔ Condominium__ Townhouse__ Commercial__ Mixed Use__

Office__ Institutional__ Other ________________________________

Lot dimensions: _____ 100' x 150' ________________________________

Site Square Footage: ___15,000__ sq. ft. ________________________________

Building Footprint: SAME - SEE SITE PLAN ________________________________

Building Height (from grade at curb to highest point of building): ___94' - 10" (EXISTING) ________________________________

Type of construction material to be used on all sides of the exterior: MASSEY - EXISTING TO REMAIN ________________________________

Is the cost of this project above $10 Million? Yes__ No ✔

If yes, what is the total estimated cost of this project? ____ $730 ________________________________

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[SECTION B] – COMPLETE SECTION IF PROJECT IS REQUESTING FINANCIAL SUPPORT FROM THE CITY OF CHICAGO AND/OR AN ALDERMANIC APPROVAL REQUEST SUCH AS REQUESTS FOR:

1. ZONING CHANGE
2. ZONING VARIANCE
3. CURB CUTS

Do you plan to maintain the current zoning designation? Yes__No✓

If No, what would the proposed change be? Please list intended zoning designation and a brief description:

B3-3 CHANGED TO B3-5

PROPOSED ADAPTIVE REUSE AND CONVERSION OF AN EXISTING
NOW VACANT, 5,000 SQ. FT., BUILDING TO 60 RESIDENTIAL UNITS

Will there be a request for curb cuts? Yes__No X

If Yes, Number: ___ Size: ___________ Location: ____________________________

Are you seeking any financial assistance from the City of Chicago? Yes__No✓

If yes, please select all that apply:

TIF Assistance Requested amount: ___ N/A

Land write down or negotiated sale amount: ___ N/A

Tax Class L: Yes__ No

County Tax Abatement Program (e.g., Class 6- Industrial or 7- Commercial): Yes__ No

FOR ANY REQUESTS PLEASE INCLUDE ALL RELEVANT DOCUMENTATION
[SECTION C] – COMPLETE SECTION IF PROJECT INCLUDES NEW CONSTRUCTION

Please list addresses of all current and recent development projects (feel free to attach): ___________

Has the developer’s property(ies) been subject to legal action? Yes ___ No ___
If so, please explain the circumstances of the legal action: ______________________________

Has a traffic study been completed: Yes ___ No ___
If yes, please attach document.

How many on-site parking spaces will be provided?
How will they be accessed?
Will the project include bike parking and storage? Yes ___ No ___
If yes, how will they be accessed? ________________
Where will the garbage dumpsters/cans for the property be located? ________________
Will the proposed project include any sustainable or "green" features such as a green roof, permeable pavement, car sharing, etc.? If so, please describe: ________________________________
Will this project create any jobs? Yes ___ No ___
If yes, please describe: ________________________________

FOR ANY REQUESTS PLEASE INCLUDE ALL RELEVANT DOCUMENTATION
[SECTION D] – SECTION MUST BE COMPLETED IF THE PROJECT FITS ANY OF THE FOLLOWING CRITERIA. BUILDINGS FITTING THESE CRITERIA MUST HAVE ALSO COMPLETED ALL PREVIOUS SECTIONS.

1. PROJECT IS A PLANNED DEVELOPMENT

2. PROJECT COST IS GREATER THAN $10 MILLION

3. PROJECT INCLUDES AFFORDABLE HOUSING UNITS

4. TIF FUNDING IS REQUESTED – NO

Has financing been secured for this project? Yes ✓ No ___

If yes, please briefly describe the nature of the financing, and attach any appropriate additional description and documentation: PRIVATE FINANCING - NO CITY FUNDS / NO TIF

If TIF assistance is requested, state which TIF district and briefly describe the amount and nature of the request:

N/A

Is the proposed project a planned development? Yes ___ No ✓

If the project is a planned development, briefly describe and attach appropriate documentation: N/A

Is this project subject to the Affordable Requirements Ordinance (ARO)? Yes X No ___

If yes, how does the developer plan to satisfy the requirements? PROVIDE 8 ARO UNITS WITHIN THE SUBJECT BUILDING.

If there is a plan for affordable units beyond the ARO requirement, please describe the affordable housing component and attach any appropriate additional description and documentation. 10% ON SITE PROVIDED.