

**Alderman James Cappleman's 46<sup>th</sup> 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, emailed or faxed to the 46<sup>th</sup> Ward office: 4544 N. Broadway Ave., Chicago IL, 60640  
Email: [info@james46.org](mailto:info@james46.org) Fax: 773-784-5033 (Subject: Development Application)

46th Ward Zoning and Development process summary for developers:

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

The 46th Ward Zoning and Development Committee meets the last Monday of each month  
For more information about the 46th Ward Zoning and Development process, please refer to the Developer and Committee Procedure Guidelines



Questions? Please call the 46th Ward Service office at 773-878-4646 or email [tressa.feher@cityofchicago.org](mailto:tressa.feher@cityofchicago.org)

[SECTION A] – PLEASE COMPLETE ALL RELEVANT CONTACT INFORMATION

**General Information**

Project Name: Halsted Clinic Relocation

Date Submitted: 2/13/2020

Owner's Name: Howard Brown Health Center

Owner's Address: 4025 N. Sheridan Rd. Chicago IL 60613

Owner's Phone Number: 773-388-1600

Owner's Fax Number: 773-961-7308

Developer's Name: N/A

Developer's Address: N/A

Developer's Phone Number: N/A

Developer's Fax: N/A

Developer's Website: N/A

Architect's Name: See AOR information below;

Contact: \_\_\_\_\_

Architect's \_\_\_\_\_ Address:

Architect's \_\_\_\_\_ Phone \_\_\_\_\_ Number:

Architect's Fax Number: \_\_\_\_\_

Architect of Record's Name: Ruben Gil, Architrave Ltd.

Architect of Record's Address: 211 W. Wacker Dr. Suite 1650

Architect of Record's Phone Number: 312-376-1550

Architect of Record's Fax Number: N/A

Architect of Record's Website: www.architraveltd.com

General Contractor's Name: N/A

Contact: N/A

General Contractor's Address: N/A

General Contractor's Phone Number: N/A

General Contractor's Fax Number: N/A

General Contractor's License Number: N/A

### Project Information

Type of Construction: Rehab    New Construction     Both    None/Existing

Project Location/Address: 3501-19 N. Halsted St. Chicago, IL 60657

Brief description of project: Howard Brown is in negotiations to acquire 3501-19 N. Halsted St with the intention of relocating their current Halsted clinic to this site. With this new location, the practice can double its primary care offerings, operate a walk-in sexual health clinic, and offer patients on-site behavioral health and social support services. The new facility will reduce the time current patients wait for sexual health screening, primary care, or other appointments while also providing space for future growth.

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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

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Name of current owner of property: 3513-19 N. HALSTED LLC

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

Howard Brown currently has a signed purchase and sale agreement with the owner. Closing is contingent on gaining C1-5 zoning.

If owned by land trust, name of beneficiary: \_\_\_\_\_

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

No.

Current Zoning Designation: C1-2

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: parcel 1 100 x 125 parcel 2 654 x 83.39

Site Square Footage: 17,931 SF

Building Footprint: 15,915 SF

Building Height: From grade at curb to bottom of the ceiling joist of the highest habitable level:

80 FT

From grade at curb to highest point of building (excluding chimneys, satellite dishes, HVAC units, etc):

82 FT

Height of each floor measured from finished floor to the finished ceiling and any below-grade space, including but not limited to basement: First floor has 15ft floor to floor height. All other floors have 13 ft floor to floor height.

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Type of construction material to be used on all sides of the exterior:

Brick and glass.

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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. CURB CUTS
2. A LOADING ZONE
3. ZONING CHANGE
4. ENCROACHMENT OF THE PUBLIC WAY
5. SIGNAGE PERMIT

**Requests**

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:

C1-5

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Will there be a request for curb cuts? Yes  No    Number: 1    Size           

Location: West Cornelia Avenue

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Will there be a request for a loading zone? Yes    No     Size: \_\_\_\_\_

Location: \_\_\_\_\_

Will there be any encroachment of the public right of way?: Yes    No     If so, please describe:

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Would any signage require a permit application/Aldermanic ordinance? Yes  No    If yes, what is the total square footage of sign area? Please include pictures (digital preferred) or renderings. \_\_\_\_\_

Are you seeking any financial assistance from the City of Chicago? Yes    No     If yes, please select all that apply:

    TIF Assistance Requested amount: Yes    No

    Land write down or negotiated sale: Yes    No

    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 all current and recent development projects:

A developer has not been chosen for this project.

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Has the developer's property(ies) been subject to legal action? Yes No

If so, please explain the circumstances of the legal action:

N/A

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Has a traffic study been completed: Yes No

If yes, please attach document.

How many on-site parking spaces will be provided? 27

How will they be accessed?

The parking garage will be accessed off of Cornelia.

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Will the project include bike parking and storage? Yes  No

How will they be accessed?

Bike parking will be available in the parking garage which will be accessible off of Cornelia.

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Where will the garbage dumpsters/cans for the property be located?:

In the public alley at the back of the building.

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Will the proposed project include any sustainable or “green” features such as a green roof, permeable pavement, car sharing, etc.? If so, please describe:

Current plans do not include any green features.

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Will this project create any jobs? Yes  No

If yes, please describe:

The relocated clinic facility will require approximately 40 additional Howard Brown positions. Additionally, the first floor will be rented out to independent retailers creating potential service industry and retail employment opportunities.

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.

- 6. TIF FUNDING IS REQUESTED
- 7. PROJECT IS A PLANNED DEVELOPMENT
- 8. PROJECT COST IS GREATER THAN \$10 MILLION
- 9. PROJECT INCLUDES AFFORDABLE HOUSING UNITS

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.

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Is the project within a TIF? If so, which? Yes, the project is within a TIF. Red and Purple Modernization Phase One Project.

If TIF assistance is requested, briefly describe the amount and nature of the request and attach any appropriate documentation.

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Is the proposed project a planned development? Yes  No

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

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

Who is the DHED contact?:

Contact's Phone Number:

Is the cost of this project above \$10 Million?  Yes  No

If yes, what is the total estimated cost of this project? \$39 Million

Does the project proposal include affordable housing units? Yes  No

If yes, please describe the affordable housing component and attach any appropriate additional description and documentation.

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