LAKE COUNTY ZONING BOARD OF APPEALS

VARIATION APPLICATION

Applicant(s): (please print)	Todd Stolarik Owner(s)		Phone	:847.980.8816
	Lake Villa, IL 600	ia Bay Drive 46Em		Fax:ds90265@gmail.com ————————————————————————————————————
		(s) if any		Fax:
I/we hereby autho this application:	Address rize the following person to represent me/us in all matters related			
	Name25652 W Columb	oia Bay Drive 046	Cell:	847.514.4832
Subject Property:	Present Zoning: Present Use: Proposed Use: PIN(s): Address:	_ Residential SFD _0501101006 _25660 W Columb	ia Bay I	Orive
	Legal description: (see deed)			

Request:

The following variation(s) are requested:

- 1. Reduce the side yard setback from 7 feet to 6.57 feet
- 2. Reduce setback for retaining wall from 4 feet to 3.7 feet

Explain why this variation(s) is necessary:

The variations are necessary to resolve the encroachment

Approval Criteria:

The Lake County Zoning Board of Appeals is required to make findings of fact on your request. You should "make your case" by explaining specifically how your proposed request relates to each of the following criteria:

1. Exceptional conditions peculiar to the applicant's property. Response:

My home is encroaching over the lot line. The variation is required to resolve the encroachment.

2. Practical difficulties or particular hardship in carrying out the strict letter of the regulation.

Response:

My home is existing and cannot be moved.

3. Harmony with the general purpose and intent of the zoning regulations. Response:

Other homes in the neighborhood have similar setbacks.

I/we hereby attest that all information given above is true and complete to the best of my/our knowledge.

Single (a) be august (b)	
Signature(s) of owner(s)	
Signature(s) of contract pur	chasers
personally known to instrument bearing t before me this day in and delivered the sa	me is (are) the person(s) who executed the foregoing the date of and appeared n person and acknowledged that he/she/they signed, sealed me instrument for the uses and purposes therein set forth.
Given under my han 20 <u>\</u> 5.	d and Notarial Seal this day of
(Seal)	My Commission expires
"OFFICIAL SEAL" CINDY HYBL IOTARY PUBLIC, STATE OF ILLINOIS	

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE PETITION (see p.2)

- ✓ COPY OF DEED
- ✓ MAP OF SURROUNDING LAND USES
- ✓ COURT REPORTER AGREEMENT
- ← COPY OF PURCHASE CONTRACT (if applicable)
- ← DISCLOSURE STATEMENT (if applicable)
- ✓ PROPERTY SURVEY AND/OR SITE PLAN (if available)
- ✓ FILING FEE http://www.lakecountyil.gov/Planning/publications/More%20Publications/Land Development Fee Schedule.ndf
 - ✓ Cost of publishing a legal notice will be paid by applicant in addition to fee.
 - ✓ The cost of a Court Reporter shall be paid by Applicant and one copy of transcript provided to the County ZBA.

Quit Claim Deed

ILLINOIS STATUTORY

MAIL TO:

Todd Stolarik 25660 W Columbia Bay Drive Lake Villa, IL 60046

NAME & ADDRESS OF TAX PAYER:

Todd Stolarik _25660 W Columbia Bay Drive _Lake Villa, IL 60046

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Image# 051083580002 Type: DQC
Recorded: 03/25/2014 at 01:42:07 PM
Receipt#: 2014-00015095
Page 1 of 2
Fees: \$39.00
IL Rental Housing Fund: \$9.00
Lake County IL Recorder
Mary Ellen Vanderventer Recorder

File 7086661

THE GRANTOR(S)	
Todd Stolairk and Christina McGee, both single	, of Lake County of the
State of Illinois for and in consideration of Ten (\$10.00) DOLLARS an	d other good and valuable consideration(s) in hand paid,
CONVEY AND QUIT CLAIM to Todd Stolarik, single 25660 W C	olumbia Bay Drive Lake Villa, IL 60046
of the County Lake and the State of Illinois, all interest in the following State of Illinois, to wit:	
TOWNSHIP 46 NORTH, RANGE 9, EAST OF THE THIRD P	ESNEY AREA, UNIT NO. 1, BEING A SUBDIVISION IN SECTION 36, RINCIPAL MERIDIAN, AND IN SECTION 1, TOWNSHIP 45 NORTH, RANGE NG TO THE PLAT THEREOF RECORDED JUNE 16, 1954, AS DOCUMENT TY, ILLINOIS.
hereby releasing and waiving all rights under and by virtue of the Home. TO HAVE AND TO HOLD the above granted premises unto the parties	
Permanent Index Number(s): 0501101006	
Property Address: 25660 W Columbia Bay Drive Lake Villa, IL 60046	
Dated this day of, 2014	
Christina McGee (Seal)	Toda Stolarik (Seal)
(Seal)	(Seal)
(Print or type name here)	(Print or type name here)

STATE OF ILLINOIS)

) SS.	
County of Lake)	
Todd Stolairk and Christina McGee, both single	State aforesaid, CERTIFY THAT, (Print or type name here) personally known to me to be
he same persons whose names are subscribed to the foregoing instru- hey signed, sealed and delivered the instrument as free and voluntar- and waiver of the right of homestead.	ment, appeared before me this day in person, and acknowledged that y act, for the uses and purposes therein set forth, including the release
Given under my hand and notaries seal, this 25 day of March	,2014
Notary Public	IMPRESS SEAL HERE
My commission expires on Tan 19, 206.	OFFICIAL SEAL MATTHEW LEGG Notary Public - State of Illinois My Commission Expires Jun 19, 2016

If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

NAME AND ADDRESS OF PREPARER:

_Todd Stolarik

-25660 W Columbia Bay Drive

-Lake Villa, IL 60046

EXEMPT UNDER PROVISIONS OF PARAGRAPH E SECTION 4,

REAL ESTATE TRANSFER ACT.

DATE: 13383

Signature of Buyer, Seller or Representative.

This conveyance must contain the name and address of the Grantee for tax billing purposes: (55ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

COURT REPORTER AGREEMENT

CHECK ONE OF THE FOLLOWING:

I authorize the County to act on my behalf to retain a Certified Shorthand Reporter to transcribe the public hearing and provide a transcript to the Zoning Board of Appeals. I further agree to pay the Reporter reasonable fees for his/her services. If I do not pay the Reporter and the County is invoiced and pays the Reporter, I agree to reimburse the County. If the County sues to obtain reimbursement, I agree to pay the County its reasonable attorney's fees in bringing suit and obtaining a judgment.
I will furnish a Certified Shorthand Reporter to transcribe the public hearing and provide a transcript to the Zoning Board of Appeals. I realize that the failure to do so may result in the continuation of the public hearing in which case I agree to reimburse the County for all additional expenses caused by such continuation.

Signature

THIS SIGNED AGREEMENT MUST ACCOMPANY YOUR APPLICATION