

LAKE COUNTY ZONING BOARD OF APPEALS

VARIATION APPLICATION

Applicant(s):
(please print)

Roger Weinhandl
Owner(s) Linda Lee Drewes

Phone: 630 - 699-0656

33843 N. Prospect
Grayslake IL 60030

Fax: _____

Address

Email: _____

Contract purchaser(s) if any

Phone: _____

Fax: _____

Email: _____

Address

I/we hereby authorize the following person to represent me/us in all matters related to this application:

Daniel Gules up of operations
Name

Phone: (847) 658-
Cell: 8046

1934 Federal CRT
Joliet IL
60057

Fax: _____
Email: DGules@Comcast.net

Address

Subject
Property:

Present Zoning:

R-4

Present Use:

Single Family Home

Proposed Use:

Detached garage

PIN(s):

07-30-106-002

Address:

33843 N. Prospect
Grayslake, IL 60030

Legal description:
(__ see deed)

Request:

The following variation(s) are requested:

1. reduce the Front Yard set Back From 20.5' to 4.5' to over
2. _____
3. _____

Explain why this variation(s) is necessary: _____

Due to the location of existing Home
there is no other location.

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: Due to the location of existing Home
and Deck's. I am working with the
Best location possible on a non-
conforming lot.

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

Response: its a non conforming lot and
with the size and location of the
Home

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

Response:

there are a number of Hoses
and garages on second st that DO
not meet the set Backs Due to the
non conforming lot's.

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



Signature of owner(s)

Signature(s) of contract purchasers

I, Nazafarin Faily a Notary Public aforesaid, do hereby certify that Roger A. Weinhandl personally known to me is (are) the person(s) who executed the foregoing instrument bearing the date of June 2nd, 2018 and appeared before me this day in person and acknowledged that he/she/they signed, sealed and delivered the same instrument for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 2nd day of June, 2018.



My Commission expires 1-23-2022

Nazafarin Faily

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.

A handwritten signature in cursive script is written over a horizontal line.

Signature

THIS SIGNED AGREEMENT MUST ACCOMPANY YOUR APPLICATION

*This instrument prepared by:
After Recording Mail to:*

*James W. Kaiser
Kaiser, Shepherd & Nakon, P.C.
121 E. Liberty Street, Suite 3
Wauconda, Illinois 60084*



Image# 057280530007 Type: DQC
Recorded: 05/10/2018 at 08:49:51 AM
Receipt#: 2018-00024390
Page 1 of 7
Fees: \$60.00
IL Rental Housing Fund: \$9.00
Lake County IL Recorder
Mary Ellen Vanderventer Recorder
File **7482285**

ABOVE SPACE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

The GRANTOR(s) **Roger Weinhandl, a single person**, of the City/Village of Gages Lake, County of Lake, State of Illinois, for and in consideration of ten dollars (\$10.00), and other good and valuable consideration, in hand paid, CONVEY and QUIT CLAIMS TO the GRANTEE(S) **Roger Weinhandl and Linda Lee Drewes, not as tenants in common, but as joint tenants**, of 33843 N. Prospect Drive, of the City/Village of Gages Lake, County of Lake, State of Illinois, in the following form of ownership:

All interest in the following described Real Estate situated in the County of Lake, in the State of Illinois, to wit:

SEE ATTACHED EXHIBIT "A" LEGAL DESCRIPTION

SUBJECT TO: General real estate taxes for 2017 and subsequent years; covenants, conditions and restrictions of record, building lines and easements, if any, so long as they do not interfere with the current use and enjoyment of the property.

Permanent Real Estate Index Number(s): 07-30-106-002

Address of real estate: 33843 N. Prospect Drive, Gages Lake, Illinois 60030

Dated this day of May 8, 2018.

Signature of Grantor(s)

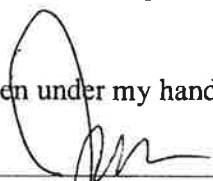

Roger Weinhandl

NA
⑦

STATE OF ILLINOIS)
)
COUNTY OF LAKE) ss

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT **Roger Weinhandl**, is/are personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day, in person, and acknowledged that he/she/they signed, sealed and delivered said instrument as his/her/their free and voluntary act, for the purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal, this May 8, 2018



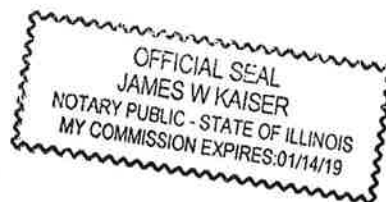
Notary Public

EXEMPT UNDER PROVISIONS OF PARAGRAPH E
SECTION 4, REAL ESTATE TRANSFER TAX ACT.

May 8, 2018
DATE



Buyer, Seller, Representative



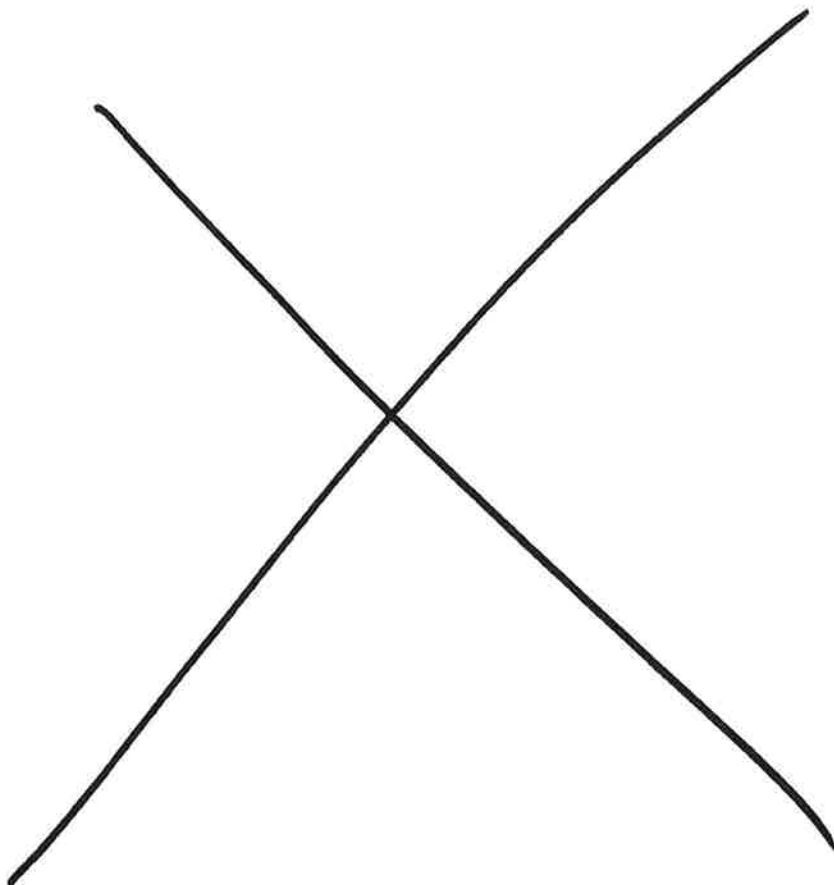
SEND SUBSEQUENT TAX BILLS TO:

Roger Weinhandl and Linda Lee Drewes
33843 N. Prospect Drive
Gages Lake, Illinois 60030

Exhibit "A"

LOT FIFTY-FIVE (55) IN DECKER'S GAGES LAKE SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 30, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 9, 1923, AS DOCUMENT # 225181, IN BOOK "L" OF PLATS, PAGE 87, IN LAKE COUNTY, ILLINOIS.

Exhibit "B"



This Document Prepared by and Return to:
James W. Kaiser
121 E Liberty Street
Wauconda, IL 60084

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF LAKE) SS.

Roger Weinhandl, being duly sworn states that he resides at, 33843 N. Prospect Drive, in the Village of Gages Lake, State of Illinois. That he was acquainted with **Dolores Mary Weinhandl**, (deceased) who, at the time of her death, was one of the owners of the land in Lake County, Illinois, commonly known as:

33837 N. Lake Shore Drive, Gages Lake, Illinois 60030 and legally described in the attached legal description as Exhibit A.

That the deceased died on April 6, 2017, as evidenced by a certified copy of a death certificate of the deceased attached hereto as Exhibit B.

CHECK ONE:

____ That the deceased died: Leaving no Last Will & Testament; or

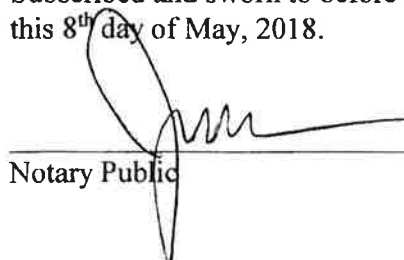
☒ Leaving a Last Will & Testament a copy of which is ^{not} attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois; or

____ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or about _____.

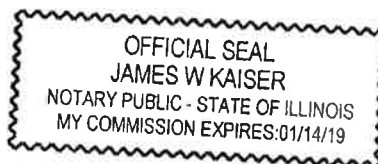
That the total value of the estate of the deceased, including both real and personal property owned by the deceased in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000.00.


Roger Weinhandl

Subscribed and sworn to before me
this 8th day of May, 2018.



Notary Public



VILLAGE OF LIBERTYVILLE
LIBERTYVILLE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 4/20/2017

DECEDENT'S LEGAL NAME DOLORES MARY WEINHANDL					SEX FEMALE		DATE OF DEATH APRIL 06, 2017	
COUNTY OF DEATH LAKE			AGE AT LAST BIRTHDAY 88 YEARS		DATE OF BIRTH JULY 10, 1928			
CITY OR TOWN LIBERTYVILLE			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CONDELL MEDICAL CENTER					
PLACE OF DEATH INPATIENT								
BIRTHPLACE BERWYN, IL		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 33837 NORTH LAKE SHORE DRIVE				APT. NO.		CITY OR TOWN GAGES LAKE		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IL	ZIP CODE 60030	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SYLVESTER MRAZ			MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE		
INFORMANT'S NAME ROGER WEINHANDL			RELATIONSHIP SON		MAILING ADDRESS 33843 NORTH PROSPECT DRIVE, GAGES LAKE, IL, 60030			
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY			LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL		DATE OF DISPOSITION APRIL 10, 2017	
FUNERAL HOME WARREN FUNERAL HOME, 1475 N. CEMETERY ROAD, GURNEE, IL, 60031								
FUNERAL DIRECTOR'S NAME GENE JOSEPH MORANI					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010885			
LOCAL REGISTRAR'S NAME PATRICE SUTTON					DATE FILED WITH LOCAL REGISTRAR APRIL 13, 2017			
CAUSE OF DEATH PART I. ACUTE ON CHRONIC HYPOXEMIC/HYPERCAPNIA RESPIRATORY FAILURE								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of): b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION _____ Due to (or as a consequence of): c. _____ _____ Due to (or as a consequence of):						APPROXIMATE INTERVAL OF TIME ONSET AND DEATH DAYS
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. ACUTE ON CHRONIC HEART FAILURE					WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL			
FEMALE PREGNANCY STATUS NOT APPLICABLE								
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURRED:						IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? NO		DATE LAST SEEN ALIVE UNKNOWN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED		TIME OF DEATH 12:14 AM
CERTIFIER PHYSICIAN						DATE CERTIFIED APRIL 13, 2017		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WILLIAM STAEHLE IV, M.D., 3880 SALEM LAKE DRIVE, LONG GROVE, ILLINOIS, 60047						PHYSICIAN'S LICENSE NUMBER 036-134801		

Patrice Sutton



LIBERTYVILLE LAKE CO. ILLINOIS
VILLAGE
SEAL



TO TEST FOR AUTHENTICITY: The face of this document has a multicolored background. Verification of some of these security features can be accomplished by:

- Holding the *Safemage™* security paper up to transit light, to verify the words "SAFE" and "VERIFY FIRST" in the true fourdrinier watermark.
- Identifying visible blue and red fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a full bleed green border with ornate lines including reverse microtext.
- This backer copy is constructed of a full bleed microtext relief showing larger state seals. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with tactile holographic seals. Hold to light to verify both.
 - Left seal shows "ILLINOIS DEATH CERTIFICATE" with tactile lines over printing seal.
 - Right seal shows "LOCK-KEY-SAFE" flip imagery and guilloche tactile ridges with "D" and "C" latent images.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.



163 N. GREENLEAF ST.
SUITE 1
GURNEE, IL. 60031-3344

PLAT OF SURVEY

Side walls	306
Beams	570
House	1291
gavel	350
Purposed	440



ကံ

THIS PROFESSIONAL SERVICE CONFORMS
TO THE CURRENT ILLINOIS MINIMUM
STANDARDS OF PRACTICE APPLICABLE
TO BOUNDARY SURVEYS.

GURNEE, IL. 8/22 A.D. 2003
REKLEY SURVEYING CO., LTD.
PROFESSIONAL DESIGN FIRM NO. 2981

BY Samuel D. Jones
ILLINOIS PROFESSIONAL LAND SURVEYOR NO.
2549. MY LICENSE EXPIRES 11/30/2008

Legend
(R) = Record
(M) = Measure

name: 33843 N. Prospect

Address: Custom Homes and more

Phone: (847) 658-8046

Room: Graystone

Asphalt Shingles
w/ 15lb Felt Paper

2x8 Ridge Board

2x4 Collar Tie
48" on center

2x6 Rafters
16" on center

1/2" Roof Sheathing

MAX Height
6'

Gutters and Downspouts

6" Pre-primed Soffit/Fascia

4/4 Vinyl Siding

1/2" OSB

2x6 Cross-ties 48" on center

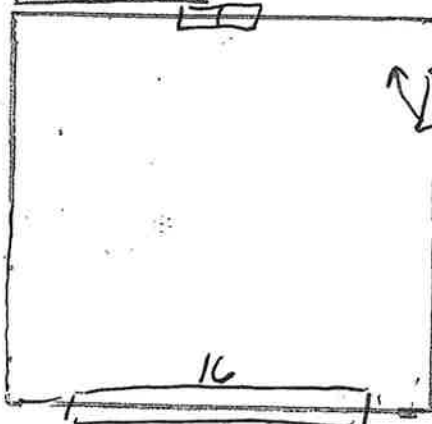
* 2x6 min Headers For
Service Door + Windows

* Garage Door Headers
will be LVL 1 3/4 x 11 7/8
(x2)

2x4 walls 16" on center

2x4 Womanized Bottom Plate w/
Anchor Bolts every 6' and 12" from
corners and splices (7" in to concrete)

Floor Plan



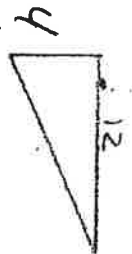
6" Finish grade

12"

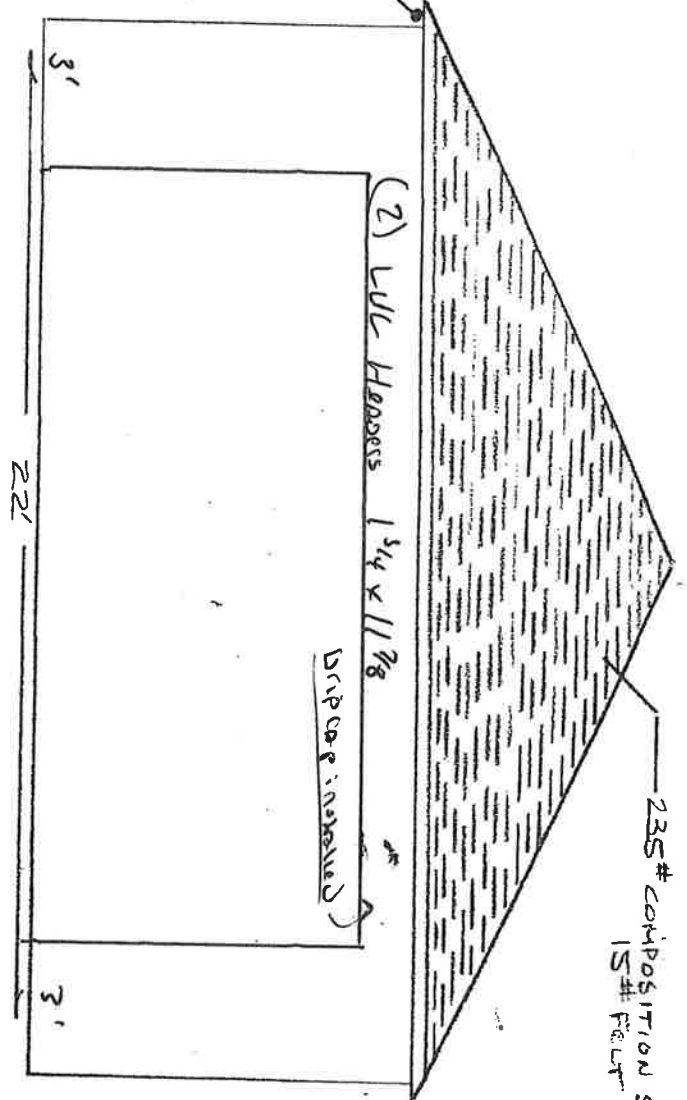
12"

4" Gravel Base

6 Bag mix w/ wire mesh
min 4" thick slab



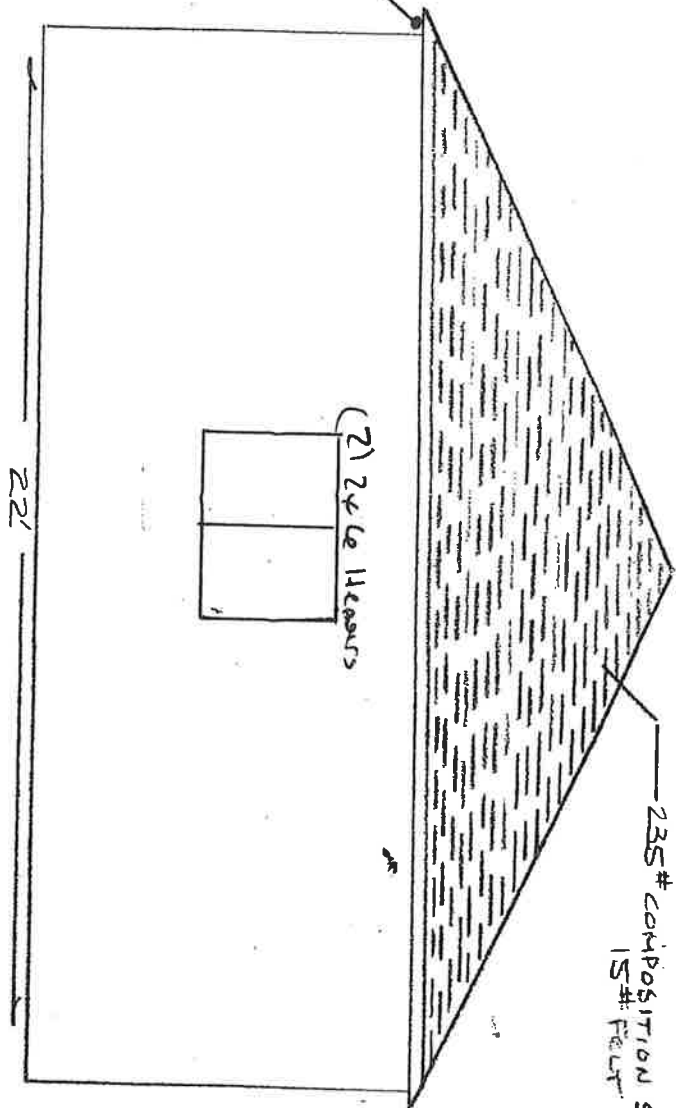
6" eave & side



Sole Address _____	
SCALE: 1/4" = 1'	DATE: 20
APPROVED BY: _____	
Sole Name _____	
ELEVATION _____	
DRAWING NUMBER _____	



6" eave 4 side



235# COMPOSITION SHINGLE
15# FELT

(2) 24x14 eaves

22'

8' WALL HEIGHT

Job Address _____

SCALE: 1/4" = 1' 20

DATE:

APPROVED BY:

Job Name _____

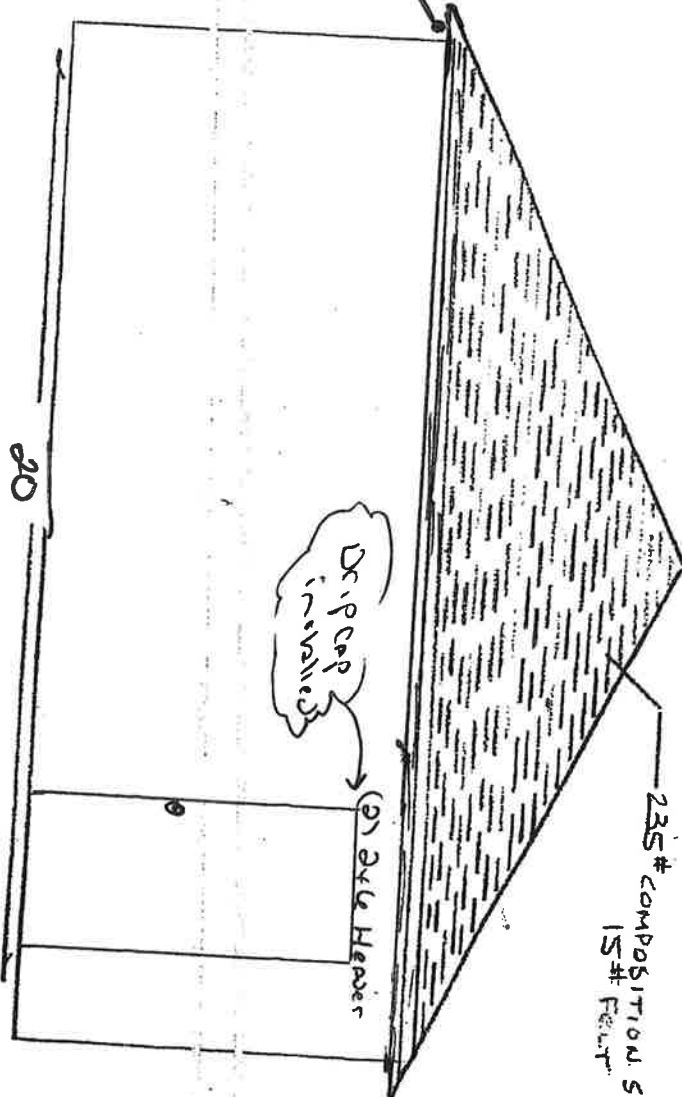
REVISED

ELEVATION

DRAWING NUMBER



6" eave 4 side



235# COMPOSITION SHINGLE
15# FELT

DRIP CAP
installed

(2) DYE HEADER

20

8' WALL HEIGHT

Job Address

SCALE: 1/4" = 1' 20

DATE:

APPROVED BY:

Job Name

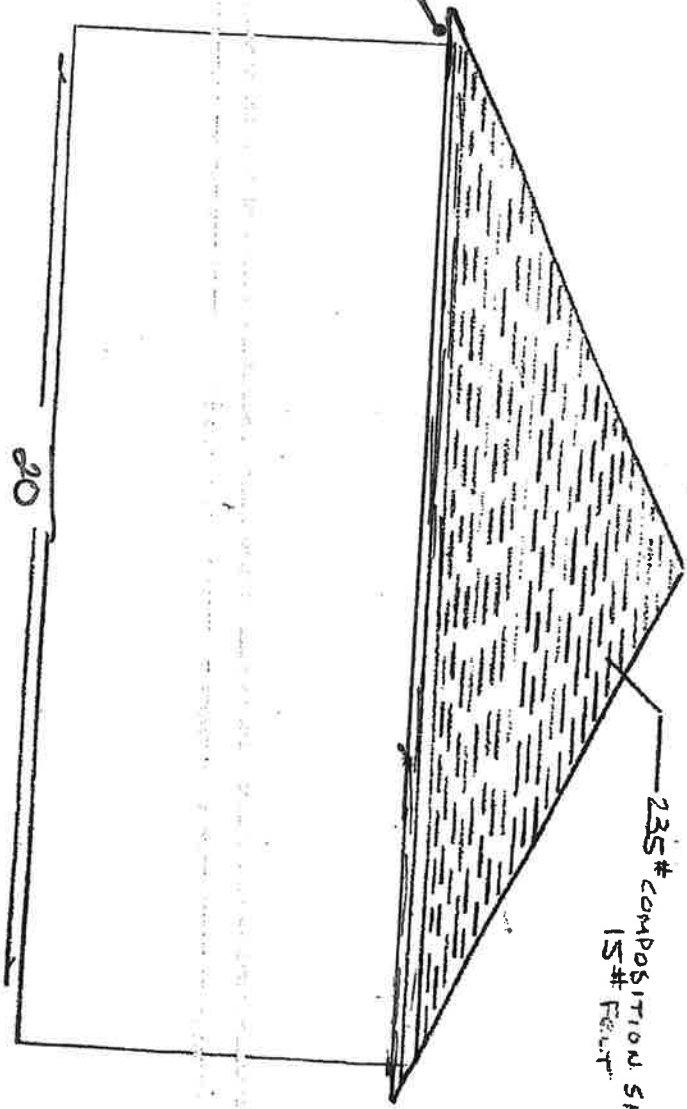
REVISED

ELEVATION SIDE

DRAWING NUMBER



6" eave side



8' WALL HEIGHT

Job Address

SCALE: 1/4" = 1' DATE: 20

APPROVED BY:

Job Name

REVISED

ELEVATION SIDE

DRAWING NUMBER