



### REZONING APPLICATION - FORM C

29W-719 BUTTERFIELD RD., WARRENVILLE IL.

Name of Development/Project

Project Number (for office use only)

**A. Describe Proposed Action:**

REZONE FROM EXISTING B-2 COMMUNITY RETAIL TO B-4 MOTORIST SERVICE & SPECIAL USE PERMIT FOR AN AUTOMOBILE DETAILING SHOP.

**B. In recommending approval or conditional approval of a map amendment (rezoning), the Plan Commission shall transmit to the City Council written findings of fact that all of the conditions below apply to the application. In granting approval or conditional approval, the City Council shall similarly find that all of the following conditions apply:**

**1. Compatible with Use or Zoning of Environs**

The proposed use(s) or the uses permitted under the proposed zoning classification are compatible with existing uses or existing zoning of property in the environs.

B2 - EXISTING USE ADJACENT TO A NEW B-4 USE - ATTRACTING BASICALLY THE SAME USER TYPE, PROVIDING CONVENIENCE, AS WELL AS AN OTHER-WISE DISTANT OR NON-LOCAL DESIRABLE SERVICE IN WARRENVILLE

**2. Supported by Trend of Development**

The trend of development in the general area since the original zoning of the affected property was established supports the proposed use of zoning classification.

TO OUR KNOWLEDGE THE MOST RECENT NEW CONSTRUCTION WAS THE SUPERMART @ ON + BUTTERFIELD A VEHICAL RELATED PUBLIC BUSINESS AND WE BELIEVE OUR NEW USE IS COMPLIMENTARY TO ITS NEAREST NEIGHBOR

**3. Consistent With Comprehensive Plan Objectives**

The proposed use or zoning classification is in harmony with the objectives of the Comprehensive Plan of the City as viewed in light of any changed conditions since its adoption.

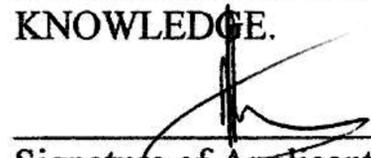
WE FEEL OUR NEW USE WILL BELONGS IN THIS AREA w/ OTHER VEHICAL RELATED SERVICE SUCH AS THE SUPERMART

4. Furthers Public Interest

The proposed use or zoning classification promotes the public interest and not solely the interest of the applicant.

TO THE BEST OF OUR KNOWLEDGE A DENTAL SERVICE SUCH AS THIS PROJECT  
WILL FILL A NICHE CUSTOMER SERVICE MISSING IN THE WEST SIDE OF  
THE CITY

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS AND ALL ACCOMPANYING STATEMENTS AND APPLICATION INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

  
\_\_\_\_\_  
Signature of Applicant/Agent

Mohammed Ahmed  
\_\_\_\_\_  
(Print Name)

2-7-2024  
\_\_\_\_\_  
Date