



LAND USE PETITION

Subject Property Owner's Name: THOMAS LEHMAN **DECEIVED**
 Company: GEMINI OFFICE DEVELOPMENT **IN JUL 27 2006**
 Address: 6301 S. CASS AVE. STE. 301 CITY OF AURORA
 City: WESTMONT State: IL Zip: 60559 Non-profit Corp. Number: _____
 Phone: 630-963-8184 Fax: 630-963-4475 E-mail: TWLEHMAN@AMERITECH.U

The Contact Person, listed below, may act as the authorized agent on behalf of the subject property owner only if a letter is attached to this petition granting such authority to the Contact Person and said letter is signed by the subject property owner.

Contact Person:
 Name: SAME AS ABOVE
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

SUBJECT PROPERTY LOCATION INFORMATION

Tax Parcel Number(s): 07-20-302081 Size of Property (Acres): 3.24
 Address or General Location: OAKHURST # NEW YORK
 For Informational Purposes only, attached Legal Description defines Subject Property which may change through review process

TYPE OF REQUESTED ACTION

Required submittal documents and fees are listed on reverse side of this petition form

Annexation Related	Zoning Related	Variations	Development Related	Misc. Petitions
<input type="checkbox"/> Annexation Petition	<input type="checkbox"/> Special Use Petition	Aurora Code Section to	Prelim <input type="checkbox"/> Plat <input type="checkbox"/> Plan	Specify _____
<input type="checkbox"/> Annexation Agreement	<input type="checkbox"/> Rezoning Petition	be Varied: _____	Final <input type="checkbox"/> Plat <input checked="" type="checkbox"/> Plan	_____

Brief Description of Requested Action (ie: zoning requested; dimensions of variation; number of dwelling units; type of dwelling unit; size of building; etc.) _____

YES NO Electors Reside on Subject Property **YES NO** Greater than 51% of said Electors have joined this petition

AUTHORIZATION

I hereby affirm that I have full legal capacity to authorize the filing of this Petition and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The Authorized Signatory invites City representatives to make all reasonable inspections and investigations of the subject property during the period of processing this Petition.

The Subject Property Owner must sign this form unless the Contact Person has been authorized to do so per a letter that is attached hereto.

Authorized Signature: [Signature] Date: 27 Jul 06

I, the undersigned, a Notary Public in and for the said County and State aforesaid do hereby certify that the authorized signer is personally known to me to be the same person whose name is subscribed to the foregoing instrument and that said person signed sealed and delivered the above petition as a free and voluntary act for the uses and purposes set forth.

Given under my hand and notary seal this 27 day of July 2006

of [Signature])SS
 County of Kane Notary Signature: [Signature]

NOTARY PUBLIC SEAL

OFFICIAL SEAL
DAWN M. METZGER
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 8-2-2009

My Commission expires 2 day of Aug 2009

RECEIVED: 7/27/06 RECEIPT NO: 193980 AMOUNT: \$150.00 REC'D BY: DST



Gemini Office Development LLC

One South Wacker Drive
Suite 800
Chicago, IL 60606

Phone: 708 642-4754
Fax: 312 634-5525
Email: geminingdlc@yahoo.com

July 27, 2006

City of Aurora
65 Water Street
Aurora, Illinois 60505

RECEIVED
JUL 27 2006

CITY OF AURORA
PLANNING DIVISION

Dear Sir or Madam:

Please be informed that Mr. Thomas Lehman is acting as our authorized agent with regards to obtaining a building permit for the Medical Office Building on Oakhurst at New York.

Sincerely,

Teresa Huyck, President

File Item No. _____

Case File Number

NA20/3-06.390-Fpn

TH/mm