

Via U.S. Mail and Electronic Mail to:
Shannon Malik Jarmusz <smalikjarmusz@itasca.com>

June 19, 2019

Shannon Malik Jarmusz, AICP
Director of Community Development
Village of Itasca
550 W. Irving Park Road
Itasca, IL 60143

RE: 860 W. Irving Park Road Zoning Proposal

Dear Shannon:

When we last met on June 5, 2019, we reiterated our objection to the interpretation that the Haymarket DuPage proposal should be processed as a planned development for three principle reasons.

First, the "use" proposed for the property and exiting improvements is solely that of a "health center" as defined under the Village's zoning ordinance. There is no other primary use, the occupancy proposed for the existing structure will not include dwelling units, as defined in the zoning ordinance, and the temporary and structured stay at the facility by patients will not constitute a residential use.

Second, there is no planned development of the property. The property is currently occupied by a hotel and the use will be converted from a hotel to a health center under single ownership. The site and exterior of the building, along with all landscaping and building elevations will not change. The only changes proposed will be in the use of the structure, and interior renovations. The purpose of a planned development, as stated in Section 14.12(1) is to "assure adequate standards for the development of residential neighborhoods; provide regulations to encourage a variety of dwelling types; insure adequate open space; provide for improved development design; protect residential areas from undue traffic congestion; protect residential areas from the intrusion of business, industrial and other land uses that may create

an adverse effect upon the living environment; and thus, promote the general welfare of the community.”

With the exception of the last portion to “promote the general welfare of the community,” the purpose of the planned development is wholly inapplicable. Again, there will not be any development of the property, there will not be mixed uses of the property, and there will not be any dwellings or residential areas located at the property.

Third, the Village’s characterization of Haymarket’s proposed use as a planned development, rather than a health center, imposes many additional, substantial, and unnecessary burdens on this project, Haymarket, and the individuals that need the services that Haymarket will provide.

During our discussion on June 5th, and in previous discussions, we stated that if, notwithstanding these objections, the Village requires a planned development for this project, then we are requesting confirmation that certain code provisions be deemed inapplicable, and that certain waivers or exemptions be given for this special use project as fair, appropriate and reasonable accommodations consistent with the Village’s general authority to waive or vary code requirements. We intend to provide the Village with relevant consultant reports and detailed information relating to the operations of the proposed health center, as well as a current, full-sized ALTA survey identifying existing site conditions and improvements. The Village has more details of the existing improvements in its building and permit files that Haymarket does not possess.

Haymarket recognizes that a Class I Site Plan is required in order to receive a special use for a health center at this location. In addition to the current ALTA survey mentioned above, and required documents to be attached to the petitions, we intend to present reports and information relating to the proposed health center use and operations, lighting, security, traffic and parking, and impact on neighboring property values.. Again, we believe that the plans showing the existing landscaping and building elevations to remain are unnecessary, inapplicable and should be waived for site plan review in this instance. Therefore, Haymarket asks for a waiver of the application requirements of a landscape plan and building elevations as provided in Section 14.13 – 3.g. and 14.13 – 3.i, respectively. Further, the related standards of the Class I Site Plan Review for Site and Building Design (Section 14.13 – 7.c.) and for Open Space and Landscaping (Section 14.13 -7.d.) should be waived for the same reasons.

We understood that you agreed that there are certain requirements that can be waived or for which an applicant can be exempted, but you requested that we send you a list of the provisions we request be waived, exempted and confirmed as inapplicable. Attachment “A” is that list, with respect to planned development requirements. Exhibit “B” is the list with respect to site plan requirements. To assist you in your review, I am transmitting to you a .pdf of the current ALTA survey and am also enclosing and a reduced size printed copy with this letter. I am also enclosing draft petitions for the special use and variance.

As I am sure you understand, the preparation of the detailed, itemized lists attached have taken valuable time and required significant effort. Your very prompt review and response is

needed in order for the Haymarket DuPage to meet its July 5, 2019 filing deadline. Thank you for your anticipated cooperation.

Very truly yours,

ICE MILLER LLP



Michael M. Roth

ATTACHMENT "A" (PLANNED DEVELOPMENT)

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
(2)	This provision is inapplicable because there will be no subdivision, development, dwelling units or residential use, the building has been at the site for many years, and the only building and sole use will be a health center. Therefore, the requirement of a planned development is inapplicable. To the extent a planned development is applicable, the requirements should be waived or the planned development should be exempted.
(3)(a)	At our meeting on June 5, 2019, you stated that the requirement in this provision (3)(a) for the pre-application conference may should be deemed satisfied by our meetings with staff. I agreed that following the meeting and with the submittal of this listing, the applicant will provide a current ALTA survey showing the site and existing improvements, which we request will satisfy certain planned development requirements that the Village decides are applicable.
(4) (Preliminary Plan in general)	You agreed that the preliminary plan and final plans may be considered and decided simultaneously, and concurrently with the special use and site plan application.
(4)(a)(1)	The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt.
(4)(a)(2)	The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this section is inapplicable because no development is proposed, and should be waived or the applicant should be deemed exempt.
(4)(a)(3)	This provision is inapplicable because there is no subdivision for this project or property. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
(4)(a)(4)(a)(ii)	This provision is inapplicable for this project or property because there are no scenic views as the property is in a commercial district. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(iii)	This provision is inapplicable because there is no wooded area for this project or property. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(iv)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(v)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(vi)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(vii)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The landscaping existing is the landscaping proposed. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(a)(viii)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The stormwater management existing is the stormwater management proposed. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
(4)(a)(4)(b)	A current ALTA survey will be provided, along with the building plans for the interior of the existing building. This provision is otherwise inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The public utilities existing are the public utilities proposed. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(4)(c)(iv)	A current ALTA survey detailing existing site conditions and improvements will be provided. Any further information or documentation is inapplicable and should be waived or the applicant should be exempt.
(4)(a)(5)(a)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. However, the electronic and reduced paper copy of the current ALTA survey are attached. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(5)(b)	This provision is inapplicable because there is no development to take place for this project or property. The electronic and reduced paper copy of the current ALTA survey are attached. The building has been at the site for many years, and there is no residential use. The only site improvements will be the health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(6)	This provision is inapplicable because there is no development to take place for this project or property. The electronic and reduced paper copy of the current ALTA survey are attached. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(7)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. There is no residential use, and the only site improvements will be internal and used for the health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
	exempt
(4)(a)(8)	This provision is inapplicable because there is no development to take place for this project or property, there is no shopping center development planned, and the building has been at the site for many years. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(a)(9)	This provision is inapplicable because there is no development to take place for this project or property, the building has been at the site for many years, and therefore there are no engineer plans. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(b)	This provision is inapplicable because there is no development to take place for this project or property, the building has been at the site for many years. There is no residential use proposed, and the only site improvements will be internal and used for the health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(c)(3)	This provision is inapplicable because there is no development to take place for this project or property, the building has been at the site for many years and economic feasibility is not an appropriate consideration. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(c)(4)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The landscaping will remain as it currently is. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(4)(d)(1)	You agreed that the preliminary plan and final plans may be considered and decided simultaneously, and concurrently with the special use and site plan application. The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
	section is inapplicable and should be waived or the applicant should be deemed exempt. There is no development to take place for this project or property and the building has been at the site for many years.
(4)(d)(3)	You agreed that the preliminary plan may be filed, considered and decided concurrently with the final plan and any special use application so as to not delay or prolong the review process.
(4)(e)	You agreed that the preliminary plan may be filed, considered and decided concurrently with the final plan and any special use application so as to not delay or prolong the review process.
(4)(f)	You agreed that the preliminary plan may be filed, considered and decided concurrently with the final plan and any special use application so as to not delay or prolong the review process.
(5) (generally)	You agreed that the preliminary plan may be filed, considered and decided concurrently with the final plan and any special use application so as to not delay or prolong the review process.
(5)(a)(1)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The land is not being subdivided into lots and the entire property will be a health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(5)(a)(3)	This provision is inapplicable because there is no subdivision or development to take place for this project or property. The entire property will be a health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(5)(a)(5)	A current ALTA survey detailing existing site conditions and improvements is being provided and any further information or documentation is inapplicable and should be waived or the applicant should be deemed exempt.
(5)(a)(6)	This provision is inapplicable because there is no development to take place for this project or property, the building has been at the site for many years and there will not be any dedication

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
	of land. Therefore, this provision should be waived or the applicant should be deemed exempt
(5)(a)(7)	This provision is inapplicable because there the land is not being subdivided into lots, the entire property will be a health center, and there are no dwelling units at the property. Therefore, this provision should be waived or the applicant should be deemed exempt.
(5)(a)(8)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The landscaping will remain as it currently is. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(5)(a)(9)	This provision is inapplicable because there is no development to take place for this project or property and the building, with utilities has been at the site for many years. The utilities and drainage will remain as they currently are. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(5)(a)(10)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. There will be no covenants. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(5)(a)(11)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. There will be no deeds, easement agreement, or by-laws beyond the Haymarket DuPage LLC by-laws. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt
(5)(a)(12)	This provision is inapplicable because there is no development to take place for this project or property and no homeowner's, merchant's or industrial owner's association. Therefore, this provision should be waived or the applicant should be deemed exempt.

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
(5)(a)(13), (14), and (15)	These provisions are inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Should the Village not agree, we believe that these provisions should be waived or the applicant should be deemed exempt.
(5)(b)	This provision is inapplicable because there is no development, public facilities or improvements to take place for this project or property and the building has been at the site for many years. Should the Village not agree, we believe that these provisions should be waived or the applicant should be deemed exempt.
(5)(c)	This provision is inapplicable because there is no common open space to take place for this project or property. Should the Village not agree, we believe that these provisions should be waived or the applicant should be deemed exempt.
(5)(d)	You agreed that the preliminary plan may be filed, considered and decided concurrently with the final plan and any special use application so as to not delay or prolong the review process.
(6)	This provision is inapplicable because there is no change or modification to an existing planned development.
(7)(a)(5)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Therefore, this provision should be waived or the applicant should be exempt.
(7)(a)(6)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. There is no mix of principle uses. There will be no private streets or common driveways. Should the Village not agree, we believe that these provisions should be waived or the applicant should be deemed exempt.
(7)(a)(7)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. Therefore, this provision should be waived or the applicant should be deemed exempt.
(7)(b)(1)-(4)	This provision is inapplicable because there are no dwelling units or residential land uses proposed. The property will only

Planned Development Section Citation within Section 14.12	Reasoning as to Waiver or Exemption
	be used as a health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(7)(c)	This provision is inapplicable because there are no dwelling units or residential land uses or cluster subdivision proposed. The property will only be used solely as a health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt..
(7)(d)	There is no development to take place for this project or property and the building has been at the site for many years. A current ALTA survey and traffic study are being provided and any further information or documentation is inapplicable and should be waived or the applicant should be exempt.
(7)(e)(1)	This provision is inapplicable because there is no development proposed for the property, there are no dwelling units or proposed residential land uses, the building has been at the site for many years, and the property will only be used as a health center. The existing improvements are either already approved by variance or are legal non-conforming conditions that may continue. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(7)(e)(2)	This provision is inapplicable because there is no development proposed for the property, the building has been at the site for many years, and the property will only be used as a health center. The existing improvements are either already approved by bulk variances or are legal non-conforming conditions that may continue. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
(7)(e)(3)	This provision is inapplicable because there is no development proposed for the property, there are no industrial areas proposed. The property will only be used as a health center. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.

ATTACHMENT "B" (SITE PLAN)

Site Plan Section Citation within Section 14.13	Reasoning as to Waiver or Exemption
(1)	To the extent that this provision is applicable to development of vacant land or redevelopment of improved land, Site Plan review is inapplicable because there is no development proposed for the property, the building has been at the site for many years, and the property will only be used as a health center. The existing improvements are either already approved by bulk variances or are legal non-conforming conditions that may continue. The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt.
(2)	Class I site plan is applicable, if any.
3(a)	Applicable information will be provided with the special use application.
3(b)	This provision is inapplicable because no development is proposed and the site improvements have existing for many years. the property will only be used as a health center. The existing improvements are either already approved by variance or are legal non-conforming conditions that may continue. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
3(e)	This provision is inapplicable because no development is proposed and the site improvements have existing for many years. the property will only be used as a health center. The existing improvements are either already approved by variance or are legal non-conforming conditions that may continue. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
3(f)	The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt. No development is proposed and the site improvements have existing for many years. the property will only be used as a health center.

3(g)	The electronic and reduced paper copy of the current ALTA survey are attached. The landscaping will remain as it currently is. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt. No development is proposed and the site improvements have existing for many years. the property will only be used as a health center.
3(i)	The electronic and reduced paper copy of the current ALTA survey are attached. No development is proposed and the site improvements have existing for many years. The site and exterior of the building, along with all landscaping and building elevations will not change. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt.
7(c)	The electronic and reduced paper copy of the current ALTA survey are attached. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt. No development is proposed and the site improvements have existing for many years. the property will only be used as a health center.
7(d)	This provision is inapplicable because there is no development to take place for this project or property and the building has been at the site for many years. The landscaping existing is the landscaping proposed. Should the Village not agree, we believe that this provision should be waived or the applicant should be deemed exempt.
7(e)	Applicant will comply to the extent that these provisions are applicable even though no development of vacant land or redevelopment of improved land is occurring. For example, we will provide the Village with a traffic and parking report. However, the building has been at the site for many years, and the property will be used solely as a health center under single ownership. The existing improvements are either already approved by bulk variances or are legal non-conforming conditions that may continue. The electronic and reduced paper copy of the current ALTA survey detailing existing site conditions and improvements are attached. Any further information or documentation required under this section is inapplicable and should be waived or the applicant should be deemed exempt.

PETITION FOR SPECIAL USE

Village of Itasca Plan Commission
c/o Community Development Department
550 W. Irving Park Rd.
Itasca, IL 60143
(Ph): 630-773-5568 (F): 630-773-0852
comdevitasca.com

Date Submitted: _____

ALL ITEMS MUST BE COMPLETE TO PROCESS APPLICATION

Address(es) of Property: 860 W. Irving Park Rd.

Owner(s) of Property: Pearl Hospitality LLC, an Illinois limited liability company

Petitioner(s) (if other than owners): Haymarket DuPage LLC, an Illinois limited liability company

Existing Use: hotel Zoning: B-2

P.I.N. #(s): 03-07-202-002 Lot Size (sq. ft.): 304,920

Please answer the following questions (you may attached additional sheets if needed):

1. Please provide a detailed description of the use requested.

The request is for approval of a special use for a health center under Section 8.04.2.m of the Itasca Zoning Ordinance. Health Centers (Healthcare Facilities) include "clinics" and "hospitals" such as that proposed. The Petitioner will operate and maintain the existing building and facilities on the subject property without new site development, other than interior renovation. There will be no change to the height, size or location of existing structures.

The Petitioner will provide diagnosis, treatment, and recovery support for persons disabled by substance use and mental health disorders who voluntarily seek care. Services will include inpatient, outpatient, and recovery programming, as described in detail in Attachment A.

2. Please explain how the special use requested is in the interest of the public and is not solely for the interest of the applicant.

Attachment B details the urgent public need for the access to substance use disorder and mental health care the Petitioner provides. Petitioner is an Illinois not for profit organization delivering services according to a public benefit mission and obtains no benefit to itself.

3. Explain the reasons why the special use is necessary or desirable for the public convenience and how it will contribute to the general welfare of the neighborhood or community at this location.

The special use is necessary and desirable for the public convenience due to the rapid and widespread growth of the life threatening health and safety problem here in DuPage, as well as in Illinois and the rest of the country —as explained in more detail in Attachment "B." The special use will contribute to the general welfare of the community because this location offers the Petitioner the ability to improve access to treatment and recovery services that are

needed in DuPage County. This particular site is appropriate for the reasons stated in response to #4.

Itasca's zoning ordinance presents a hardship and impediment to community access to needed treatment because the zoning regulations exclude health centers, including clinics and hospitals, from all but the Village's one regional office center, except as allowed by special use permit. The grant of the requested special use at this location would be a reasonable accommodation in favor of individuals in need of the Petitioner's services. The hardship that the Petitioner—and those individuals needing care—would suffer by the denial of the Petition outweighs any gain to the public by refusing the Petition.

The current owners of the subject property have found that, for several reasons, subject site is not economically viable for continued use as zoned and used for hotel purposes.

4. Will the special use be detrimental to the health, safety, morals or general welfare of persons residing or working in the vicinity? Please explain your answer.

No. The very purpose of the special use proposed is to provide a benefit to the public health, safety, and welfare.

As a permitted special use in the B-2 zoning district, it is presumed that health care center is a compatible use, if reasonable, special precautions are taken. The inclusion of health care centers as special uses in the B-2 zoning district is tantamount to the Village's finding that health care centers are in harmony with the Village's general zoning plan and will not adversely affect the neighborhood.

The existing building and improvements is perfectly suited to the Petitioner's proposed use. There will be no change to the height, size or location of the existing hotel structure. The medical facility in the existing commercial building is compatible with the existing office, commercial and industrial uses in the immediate vicinity of the subject property. Traffic, lighting, utilities, storm water management and other aspects of the proposed land use are appropriate for this location. Existing uses and zoning of nearby property, and property values, will not be negatively impacted by the special use proposed by Petitioner. See also attachment "C" explaining why this location is appropriate.

5. What effect will the use have on property values and improvements in the vicinity? Please explain your answer.

No negative effect. See response to #4 above.

Owner's Name(s): Pearl Hospitality LLC, an Illinois limited liability company

Address: 1375 Remington Rd., Suite E
Schaumburg, IL 60173

Phone: (847) 772-8859

Email: _____

Petitioner's Name(s): Haymarket DuPage LLC

Address(es): c/o McDermott Center NFP

Phone: (312) 226-7984

932 W. Washington Blvd, Chicago, IL 60607

Email: Karen Kissel <KKisselhcenter.org>

Agent or Attorney (if applicable)

Name: Michael Roth

Firm: Ice Miller LLP

Address: 2300 Cabot Drive, suite 455
Lisle, IL 60532

Phone: (630) 955-6594

Email: michael.rothicemiller.com

Site Planner or Engineer (if applicable)

Name: _____

Firm: _____

Address: _____

Phone: _____

Email: _____

Please attach the following:

- o Legal description of property (from title policy or plat of survey) — required for all variances.
- o Current plat of survey (showing all site improvements/structures and easements).
- o ~~Architectural renderings of new or altered structures (if applicable).~~ Floor plan
- o ~~Site Plan~~ 6/2019 ALTA SURVEY (drawn to scale showing buildings, parking spaces, ~~storm water detention~~ detailed elevations and all other significant data with all pertinent dimensions fully noted).
- o If held in trust, letter naming all beneficiaries of the trust and authorizing the below signed person to act on the matters related to the petition request. The letter must be signed by all beneficiaries of the trust.

THE LEGAL TITLEHOLDER MUST SIGN THE PETITION. Where the property is held in trust, the trust officer must sign the petition and include a letter naming all beneficiaries of the trust and authorizing the below signed person to act on the matters related to this petition request. The undersigned acknowledges and agrees that this application and all documentation submitted becomes public record and may be viewed by the public.

I/WE _____ DO HEREBY CERTIFY OR AFFIRM THAT I/WE ARE THE OWNER(S) OF RECORD OF THE AFORESAID DESCRIBED PROPERTY AND HEREBY MADE APPLICATION AS SUCH.

Signature: _____

SUBSCRIBED AND SWORN TO

BEFORE ME THIS _____ DAY OF _____, 2019

NOTARY PUBLIC

Attachment A

The Petitioner requests approval for a special use under Section 8.04.2.m of The Village of Itasca, Illinois Zoning Ordinance (Zoning Ordinance): “Health centers, including clinics and hospitals.”

The Petitioner proposes to operate a health center with a range of medical and clinical services, maintaining the existing building and facilities on the identified property with no change to the height, size, or location of the existing hotel structure and with no new site development. Planned interior renovations will be to convert some current guest rooms to group counseling rooms, clinical and medical staff offices, and nurse stations; to expand the recreation center; and to fill in the pool to establish a primary care clinic. Existing hotel rooms that are not renovated as described will be used for patient care. No room is a “Dwelling” or “Dwelling Unit,” as defined in the Zoning Ordinance (pages 3-13 through 3-14), nor will become a “Dwelling” or “Dwelling Unit” through renovation or use.

The health center will be licensed by the Illinois Department of Human Services for a continuum of substance use disorder treatment services for adult males and females, ages 18 and older, under Title 77 Illinois Administrative Code Rule 2060 and as further described by the American Society of Addiction Medicine.¹

The continuum of services will include the following:

- Assessment/diagnosis.
- Crisis stabilization, with stays up to seven days. Crisis stabilization will be staffed with licensed clinical staff and a registered nurse or licensed practical nurse at least 40 hours per week and with additional staff 24 hours per day, seven days per week, 365 days per year.
- Medically monitored withdrawal management (detoxification), with usual stays of three to five days. Withdrawal management units are staffed with nurse practitioners or physician assistants, registered nurses and/or licensed practical nurses 24 hours per day, seven days per week, 365 days per year. Additional staff include Illinois Certification Board-certified counselors.
- Clinically managed high-intensity residential substance use disorders treatment, with separate programs for men and women. Residential programs will have usual lengths of stay, depending on the specialized program, of up to 7, 14, 28, or 90 days. Residential substance use disorders programs are staffed with registered nurses or licensed practical nurses and Illinois Certification Board-certified or licensed counselors at least 40 hours per week and with additional program staff 24 hours per day, seven days per week, 365 days per year.
- Outpatient substance use disorders treatment. Outpatient programs are staffed with Illinois Certification Board-certified or licensed counselors, as well as with case managers.

¹ The American Society of Addiction Medicine, *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, Third Edition. 2013.

- Recovery home programs with separate programs for men and women. Recovery home stays will usually be 90 days but may be up to 365 days. Recovery Homes, as defined by Title 77 Illinois Administrative Code Rule 2060, are “alcohol and drug free housing components whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.” Rule 2060 requires Recovery Homes to have certified staff and structure including at least five group sessions per week. In Petitioner’s model, certified staff are on the unit 24 hours per day, seven days per week, 365 days per year. Petitioner’s model also includes requirements that Recovery Home clients provide weekly schedules and inform staff of all movement external to the building, and sign in and out every time they enter or leave the unit.

All programs with stays over night or longer will have two patients per room.

All clinical services will be delivered according to individualized treatment plans signed by Petitioner’s medical director, who is a board-certified physician. All patients or clients in all programs will be subject to random drug testing at least twice per week. Medications for all patients or clients in any residential unit, including recovery homes, will be surrendered to staff, logged, and kept in a locked cabinet in a locked office. Patients and clients will be observed taking their medications at the prescribed intervals, and staff members document medication observation in the client’s electronic health record.

A medical clinic will be located on the main floor. Patients whose medical needs exceed the capacity of the medical clinic, or who have their own physicians, will be transported by Petitioner’s staff to other medical care, unless there is a medical emergency. Petitioner will have signed linkage agreements with local hospitals, primary care clinics, and other service providers.

Psychiatry and psychological services will be available throughout the facility for patients with co-occurring mental disorders. These will include on site as well as telepsychiatry and licensed clinicians on site who will conduct clinical groups and individual counseling.

Petitioner will provide, or arrange for provision of, additional services that will enhance the structure of the facility programming and enhance the ability of patients to maintain long term recovery. These services include:

- Child care for children up to age five who may be in residence with their mothers or during outpatient treatment
- Parenting education
- Fatherhood programming
- GED preparation classes
- Job readiness and job placement services
- Health education
- Linkage to care and care coordination for individuals with chronic health conditions

The facility will have security 24 hours per day, seven days per week, 365 days per year of a type and amount similar to that provided at hospitals. All individuals accessing treatment units, whether to visit or for receiving care, will be subject to a routine search by security staff.

Petitioner expects to employ 163 full time staff that will include medical, clinical, program support, administrative, security, housekeeping, janitorial, and food preparation/service.

Attachment “B”

The need for the services the Petitioner proposes to provide is urgent—and crystal clear. This need is demonstrated by the twin crises of increasing levels of substance use disorders and related deaths, and severely limited capacity for treatment and access to care across Illinois, and in DuPage County specifically.

The national opioid crisis has received extensive news coverage over the past few years, and federal and local governments have focused efforts on addressing it. Yet the data are still astonishing, and opioid overdose death rates are still climbing in some areas of the country. The most recent data² from the US Centers for Disease Control and Prevention (CDC) show that 70,237 drug overdose deaths occurred in the United States in 2017. That is nearly 200 deaths **every day**. While the majority of these deaths (67.8%) involved opioids, people are dying from overdoses on a variety of drugs.

Illinois has had dramatic increases in overdoses, both fatal and non-fatal. The CDC identifies Illinois as one of the states where there was a “significant” increase in drug overdose death rates from 2016 to 2017.³ The Illinois Department of Public Health (IDPH) data⁴ show that there were 2,063 deaths from opioid-related overdoses in 2018, a 92% increase over deaths in 2013. Non-fatal overdoses increased by 135% in the same five-year period, to 13,616. While opioid use is increasing in every area of the state, Illinois has actually seen a *decrease* in treatment capacity. Following years of budget cuts, Illinois was first in the nation in decline in treatment capacity by 2012, the most recent year for which data are available.⁵ Despite having the nation’s fifth largest population, Illinois had fallen to 44th, or 3rd worst in the nation, in treatment capacity.⁶ The United States Substance Abuse and Mental Health Services Administration reported that in 2014, only 11.7% of individuals with substance use disorders in Illinois were able to access care.⁷ Individuals with alcohol use disorders fared worse – only 5% were able to access care.⁸

² Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017. *Morb Mortal Wkly Rep.* ePub: 21 December 2018.

³ Scholl L, et. al, 2018

⁴ Illinois Department of Public Health. Opioid Dashboard. <https://idph.illinois.gov/OpioidDataDashboard/>

⁵ Kane-Willis, K.; Aviles, G; Barnett, D.; et. al, Diminishing capacity: The Heroin crisis and Illinois treatment in national perspective. Illinois Consortium on Drug Policy at Roosevelt University, Aug., 2015.

⁶ Kane-Willis et. al., 2015

⁷ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, 2015. HHS Publication No. SMA-16-Baro-2015-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁸ Substance Abuse and Mental Health Services Administration.

DuPage County has seen high volumes of substance use-related incidents in recent years, like the rest of the State. In 2017 and 2018, according to IDPH, there were 286 opioid-related deaths – and 1,176 overdoses that did not result in death. DuPage was a leader in distributing Narcan to first responders, an opportunity which those first responders embraced. But after time those first responders began to report that they were performing opioid overdose reversals on some of the same individuals repeatedly. What was needed was access to the appropriate levels of substance use disorders care that would help individuals escape the cycle and enter into recovery.

Yet with substantial numbers of opioid-related overdoses and deaths, access to treatment in DuPage County is very limited. Outside of hospitals, there are no medically monitored withdrawal management (detoxification) programs, and only limited availability of residential substance use care—especially for individuals whose families’ resources to help them have been exhausted. DuPage residents needing these levels of care often must leave the county.

Haymarket Center itself, the Petitioner, served 376 DuPage County residents in 2017 and 2018 at its Cook County location, and more than 2,000 when Will, Kane, and Lake Counties are added. It is clear that **the DuPage County area has an urgent need for the programs the Petitioner intends to provide.**

SUBSTANCE USE DISORDERS ACCESS TO CARE

Haymarket Center
HOPE STARTS HERE

19.6 MILLION AMERICANS

had a Substance Use Disorder (SUD) in 2017¹

The demographics now cut across sex, race, age and education levels.²

74%

of those suffer from an Alcohol Use Disorder. Excessive alcohol use results in 88,000 deaths per year.¹

38%

of those suffer from a Substance Use Disorder. 100 people die every day in America from drug overdoses. This rate has tripled in the past 20 years.¹

46%

Nearly half of all Americans have a personal connection to someone struggling with alcohol or drugs.²

8.7 MILLION CHILDREN

nationwide have a parent who suffers from a substance use disorder.³

ACCESS TO LIFE-SAVING TREATMENT IS URGENTLY NEEDED.

In America only 19% with SUD received treatment.⁴
In Illinois only 5% with alcohol use disorder and 11.7% with a substance use disorder received treatment.⁵

¹ 2017 NSDUH Annual National Report

² Pew Research Center, 2017 Study

³ American Academy of Pediatrics, Opioid Fact Sheet

⁴ Substance Abuse and Mental Health Services Administration. (2018) Key Substance Use and Mental Health Indicators in the

United States: Results from the 2017 National Survey on Drug Use and Health

⁵ SAMHSA, Behavioral Health Barometer: Illinois, 2015

OPIOID CRISIS ESCALATING

Deaths involving opioids have risen 544% since 1999⁶ and occur every 11 minutes.⁷

Americans are now more likely to die due to an opioid overdose than in a motor vehicle accident.



1 in 103

Chances of losing their life on the road



1 in 96⁸

Chances of losing their life during an opioid overdose

Opioid deaths in Illinois, 2013-2017⁹



DuPage County¹⁰

20+
overdose reversals
every month

81
overdose deaths
in 2018

WE NEED TO TAKE ACTION. HOPE STARTS HERE.

⁶ National Safety Council, 2019 Study
⁷ U.S. Center for Disease Control
⁸ Injury Facts, 2017 Study
⁹ National Safety Council, 2019 Study
¹⁰ DuPage County Coroner

EXPANDING ACCESS TO LIFE-SAVING CARE

Haymarket Center
HOPE STARTS HERE

Haymarket Center is one of the region's largest and most comprehensive providers of treatment for substance use disorders and mental health conditions. Founded in 1975 by Monsignor Ignatius McDermott and Dr. James West, Haymarket Center is a fully accredited non-profit organization that annually serves over 12,000 individuals from across Illinois.

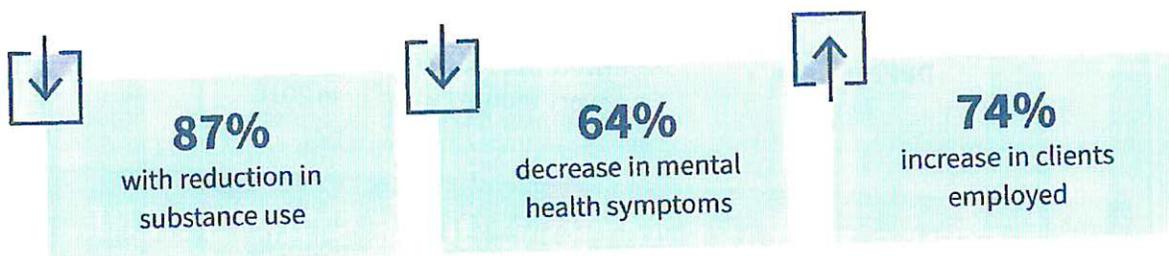
Our individualized care ranges from outreach through recovery, adapted to suit each patient and their unique needs.

Our services go far beyond the scope of most treatment programs, including:

- Evidence-based, comprehensive interventions
- Medication Assisted Treatment (MAT)
- Psychiatry & counseling
- Recovery living
- Child care
- Parenting classes
- GED courses & job placement
- Partnerships that assure care coordination
- Recovery coaching

Treatment that Works

An independent evaluation of a federally-funded recovery coaching program at Haymarket showed outstanding outcomes:



Haymarket DuPage

What is proposed for Haymarket DuPage?

The full continuum of substance use and mental health treatment for adults 18 and over will be available on site at our new behavioral health clinic, located in Itasca at the former Holiday Inn on the west side of Interstate 290 at Irving Park Road. The facility will undergo a \$1.5 million interior renovation and will be in full operation by 2021.

How was DuPage County selected?

Since 2015, 339 people have died from an overdose and more than 600 overdoses have been reversed by the DuPage Narcan Program. As overdose fatalities and reversals continue to rise, so does the demand for our services.

Nearly 2,000 men and women from DuPage and the collar counties were patients at Haymarket clinics in 2017-2018.

Why this location?

The building is easily accessible for individuals seeking services, located in an industrial area with ample parking and surrounding green space.

A Community Partner in DuPage County



150+ New Jobs
for Medical and
Counseling Staff



Primary Care Clinic
on site



Day Care on site for
Children of Patients



Reduce Burden and Costs
for Area Hospitals through
Haymarket comprehensive
services



Emergency Responders
will have a Local Partner
Ready to Help People
with SUDs



Expansion of
Partnership with
DuPage Health
Department and HOPE
Task Force

For more information, please contact: President and CEO, Dr. Dan Lustig, Psy.D., MISA II, CAADC
312.226 7984

Attachment C

Holiday Inn Itasca Location Benefits

- The location is appropriate to the target service area
- Proximity to hospitals (Amita Health Systems)
- Located in a business (non-residential) zoned area with municipal services.
- Building layout and design supports comprehensive programming
- Accessibility to public transportation
- The Property and Improvements are:
 - available at an acceptable price
 - building improvements were recently remodeled (in 2013)
- Building is virtually turn-key
 - Includes all furniture, fixtures and equipment
 - Renovation timeline is approximately 120 days

HM Exhibit 7
Presented 10/16/19 PC

In the Matter Of:
HAYMARKET DuPAGE LLC

REPORT OF PROCEEDINGS

August 21, 2019

Grove & Associates Reporting & Video Services
1333 North Main Street
Wheaton, IL 60187
(630) 462-0060
www.groveandassoc.com



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1 PRESENT:
2 MR. MARK KISCHNER, Chairman;
3 MR. FRANK CARELLO, Commissioner;
4 MR. BRENDAN DALY, Commissioner;
5 MS. LORI DRUMMOND, Commissioner;
6 MR. JEFFREY HOLMES, Commissioner;
7 MS. KRISTA RAY, Commissioner;
8 MR. ERIC SWETS, Commissioner;
9 MS. NICOLE ESPEDIDO, Recording Secretary;
10 MS. SHANNON MALIK JARMUSZ, Director of Community
11 Development;
12 MS. YORDANA WYSOCKI, Village Attorney.
13 ALSO PRESENT:
14 ICE MILLER, LLP, by
15 MR. MICHAEL M. ROTH
16 2300 Cabot Drive, Suite 455
17 Lisle, Illinois 60532-3639
18 (630) 955-6594
19 michael.roth@icemiller.com
20 Appeared on behalf of Haymarket DuPage LLC;
21 MR. PETE IOSUE;
22 MR. JEFFREY COLLORD.
23
24

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1 read a little something for people in the audience.
2 Tonight we have four appeals from
3 the Petitioner, and we'll go over those one at a
4 time.
5 For the public, though, this next
6 meeting that we're about to have is not to decide if
7 Haymarket DuPage will be approved or not by the Plan
8 Commission. This meeting is procedural in nature in
9 that Haymarket is appealing four decisions made by
10 Village staff. This isn't a hearing on the zoning
11 for Haymarket's petition. That hearing is scheduled
12 for September 18th, 2019, at 7:00 p.m. So I just
13 wanted to make that clear for everybody in the
14 audience.
15 With that, the next item on our
16 agenda is public comment. So does anybody have any
17 public comments this evening?
18 AUDIENCE MEMBER: Oh, yeah.
19 CHAIRMAN KISCHNER: So everybody that -- do
20 we need to swear people in for this particular --
21 MS. WYSOCKI: No.
22 MS. MALIK JARMUSZ: There's a sign-in sheet.
23 CHAIRMAN KISCHNER: Okay. So there is a
24 sign-in sheet. This is not a public hearing; you

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1 CHAIRMAN KISCHNER: Okay. We are going to
2 open the regular meeting this evening.
3 Roll call, please.
4 THE RECORDING SECRETARY: Commissioner Daly.
5 COMMISSIONER DALY: Here.
6 THE RECORDING SECRETARY: Commissioner
7 Carello.
8 COMMISSIONER CARELLO: Here.
9 THE RECORDING SECRETARY: Commissioner Swets.
10 COMMISSIONER SWETS: Here.
11 THE RECORDING SECRETARY: Commissioner
12 Holmes.
13 COMMISSIONER HOLMES: Here.
14 THE RECORDING SECRETARY: Commissioner
15 Drummond.
16 COMMISSIONER DRUMMOND: Here.
17 THE RECORDING SECRETARY: Commissioner Ray.
18 COMMISSIONER RAY: Here.
19 THE RECORDING SECRETARY: Chairman Kischner.
20 CHAIRMAN KISCHNER: Also here. Thank you.
21 Normally we would consider our
22 minutes; but in the interest of time, we will move
23 those to our next meeting.
24 So what I'd like to do now is just

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1 don't need to be sworn in, which is unusual for us.
2 But there is a sign-in sheet, where, at the podium?
3 MS. MALIK JARMUSZ: At the podium.
4 CHAIRMAN KISCHNER: So maybe if we could put
5 that on the corner off the podium after it's signed,
6 and then everybody can sign in a little bit ahead of
7 time just to save some time.
8 MR. SNEATH: Good evening. Can everybody
9 hear me?
10 AUDIENCE MEMBERS: Yes.
11 MR. SNEATH: Okay. So my name is Dustin
12 Sneath. On behalf of the rather large group of
13 Itasca citizens and business owners here, I wish to
14 speak briefly regarding the appeal or appeals.
15 So the appeals tonight, as you
16 said, are procedural in nature. The Petitioner
17 believes they were subjected to additional
18 requirements they believe they should not have been
19 asked to meet and claim they have been prejudiced by
20 the actions of this Commission and the Village.
21 It is our opinion that the planned
22 development path is the correct path given the mixed
23 nature of uses at the facility and its overall
24 incompatibility with the surrounding district as

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1 well as its sheer impact on the district in terms of
2 acreage.
3 All technicalities aside, any group
4 claiming to be community partners the way Haymarket
5 has should have no problem with being held to our
6 high standards. If this is truly as necessary as
7 Haymarket has claimed, conforming to our Village's
8 requests should not be a problem. They should be a
9 priority.
10 AUDIENCE MEMBER: That's right.
11 MR. SNEATH: Thank you.
12 (Applause.)
13 MS. ZAKOS: So good evening. My name is
14 Helen Zakos, and I am a concerned citizen of Itasca.
15 It's with profound disappointment that I stand
16 before you all tonight.
17 I've worked in the health care
18 industry for more than 25 years; and I don't think
19 anybody in this room is disillusioned by the fact
20 that the opioid crisis is actually what it is, a
21 crisis. We do not deny the need for organizations
22 to help combat this epidemic; however, Itasca,
23 Illinois, is not the place for Haymarket's proposed
24 200-bed drug and rehabilitation facility.

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1 I've struggled over the last few
2 weeks and months to understand the push, the deceit,
3 the innuendos that the Haymarket group and its
4 affiliated supporters have wrought to bring such a
5 facility to our village. Our local Village
6 officials have risen to the occasion and listened to
7 their residents. I thank you.
8 Our mayor has dutifully accepted
9 Haymarket's multiple requests for meetings and
10 transparency; however, the same cannot be said about
11 Haymarket. Their lack of transparency,
12 responsiveness, and integrity is appalling for an
13 organization who claims their six core values are
14 integrity, diversity, financial focus, customer
15 focus, professionalism, and teamwork.
16 **A team approach requires just that,**
17 **a team, stepping up to the plate and answering the**
18 **hard-hitting questions to provide the facts, which**
19 **Haymarket has yet to do.**
20 **The facts are simple. Itasca, the**
21 **fourth smallest populated village in DuPage County,**
22 **cannot and should not be asked to support the**
23 **financial burden this will have on our community.**
24 **Fact: Itasca will lose more than**

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1 **\$250,000 annually if a nonprofit takes over.**
2 **Resident taxes will no doubt increase to cover this**
3 **loss.**
4 **Fact: Itasca residents passed a**
5 **referendum last year to assist with the financial**
6 **struggles of our fire department.**
7 **Facts: Haymarket Chicago had 863**
8 **911 emergency responses to their facility last year.**
9 **Fact: Itasca has one ambulance.**
10 **Haymarket's response to our lack of**
11 **resources was they would contract outside ambulance**
12 **services. As a health professional, fact, private**
13 **ambulances are not dispatched when answering 911**
14 **emergencies.**
15 **Fact: Haymarket's suggestion to**
16 **assist in obtaining grants will not make up for the**
17 **annual loss in revenue and extra burden on our**
18 **already troubled resources.**
19 **Fact: The proposed Haymarket site**
20 **is not affiliated with a large acute hospital.**
21 **Fact: The nearest ER cannot burden**
22 **the brunt of these emergencies. It would require a**
23 **complete revamping to accommodate an already busy**
24 **emergency room.**

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1 **Fact: The proposed site is within**
2 **close proximity of three video gaming businesses and**
3 **five establishments which sell or serve alcohol,**
4 **four primary schools, a water park, three**
5 **children-based stores and/or activity centers, a**
6 **park district, a library, a bike and walking path**
7 **used by multiple children and multiple, multiple**
8 **residential properties.**
9 **Fact: The proposed site is not as**
10 **Haymarket has alluded, as in a desired business park**
11 **away from the above establishments. The proposed**
12 **site is the furthestmost northeast corner of DuPage**
13 **County.**
14 **Fact: The proposed site is not as**
15 **Haymarket has suggested, centrally located within**
16 **DuPage County, closer to the home and near their**
17 **families.**
18 (Laughter.)
19 MS. ZAKOS: Of late, Itasca and its residents
20 have been butchered in the eyes of the media. In
21 Haymarket's latest stunt, we are uncaring,
22 uncourageous, and unwilling to open our eyes to
23 become heros.
24 Let it be known Haymarket is not

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1 the hero here. Putting a facility like Haymarket in
 2 Itasca is asking less than one percent of DuPage
 3 County's residents to shoulder this financial
 4 burden. This is not heroic.
 5 Itasca does not need courage. We
 6 have courage.
 7 We stand before you as concerned
 8 citizens of Itasca and encourage you, the Plan
 9 Commission committee, to look at all the facts when
 10 making a decision.
 11 Thank you.
 12 (Applause.)
 13 CHAIRMAN KISCHNER: Thank you to the
 14 speakers.
 15 For those in the audience, we can
 16 hear you loud and clear that many of you are in
 17 favor of what's just been said. We understand that.
 18 To make the meeting go along quicker, if we could
 19 just nod your head, and we get it. We understand
 20 that. So thank you for that.
 21 Anybody else wish to speak on
 22 anything since it's public comment? Please raise
 23 your hand.
 24 (No response.)

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1 Miller, and I represent the appellant in this case,
 2 Haymarket DuPage LLC.
 3 First, as a procedural matter, I
 4 just want to confirm that our application packet has
 5 been made part of the record this hearing tonight.
 6 MS. WYSOCKI: It's not a hearing; but for the
 7 appeal, it has -- it is part of the packet that's
 8 been passed out to the Plan Commission.
 9 MR. ROTH: Thank you.
 10 MS. WYSOCKI: And we'll certainly accept it
 11 as part of the record.
 12 MR. ROTH: I will make some initial comments
 13 on this and then turn it over to one of our
 14 witnesses.
 15 Haymarket LLC is an entity
 16 established by Haymarket Center for the Holiday Inn
 17 Itasca project. Haymarket Center is one of the
 18 region's largest and most comprehensive providers of
 19 treatment for substance use disorders and mental
 20 health conditions.
 21 Haymarket was founded in 1975 by
 22 Monsignor Ignatius McDermott and Dr. James West and
 23 is a fully accredited, not-for-profit organization.
 24 The entire Haymarket Center for the Itasca facility

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1 CHAIRMAN KISCHNER: Okay. So I'm going to
 2 close the public comment portion of this hearing --
 3 what?
 4 MS. WYSOCKI: Meeting.
 5 CHAIRMAN KISCHNER: Meeting. It's not a
 6 public hearing, sorry, meeting.
 7 With that, I'd like to bring up
 8 Case PC #19-014. Petitioner is Haymarket DuPage
 9 LLC. The owner is Pearl Hospitality LLC. The
 10 location is 860 West Irving Park Road. The request
 11 is for appeal of Zoning Administrator decisions as
 12 set forth in the Petitioner's appeal statement dated
 13 August 13th, 2019.
 14 Do I need a roll call?
 15 MS. WYSOCKI: No.
 16 CHAIRMAN KISCHNER: No. We've already roll
 17 called. It's not a hearing. I'm used to doing
 18 hearings, sorry.
 19 So with that, I'd like to call the
 20 Petitioner to the podium. If you could identify
 21 yourselves.
 22 MR. ROTH: Good evening, Members of the
 23 Commission. My name is -- can you hear okay? My
 24 name is Michael Roth. I'm an attorney with Ice

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1 will be, as are its other facilities, licensed by
 2 the Illinois Department of Human Services and
 3 regulated under state law.
 4 Haymarket DuPage is the contract
 5 purchaser for the property at 860 West Irving Park
 6 Road, the Holiday Inn Itasca. The property is zoned
 7 B-2, and health care facilities are allowed as
 8 special uses in the B-2 zoning district.
 9 As clearly stated in Haymarket's
 10 special use and planned development applications
 11 included in the appeal packet, Haymarket DuPage
 12 would like to change the use of the property to a
 13 health care facility licensed by the Illinois
 14 Department of Human Services for substance use and
 15 mental health treatment, intervention, and recovery
 16 services under 77 Illinois Administrative Code,
 17 Part 2060.
 18 Haymarket plans to provide a full
 19 continuum of health care services to adults aged 18
 20 and older at the Itasca location. Services will
 21 include diagnosis, treatment, and recovery support
 22 for persons disabled by substance use and mental
 23 health disorders who voluntarily seek care.
 24 Treatment provided is planned to include inpatient,

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1 outpatient, and recovery programs.
2 As, Mr. Chairman, you have said,
3 we're not here tonight to make a land use
4 presentation to support the request for the health
5 care facility as a special use approval or as a
6 planned development. The land use applications are
7 scheduled for next month on September 18th. We look
8 forward to those hearings. We look forward to the
9 opportunity for our first hearing and to make our
10 presentation, and we look forward to the Village of
11 Itasca's application of the appropriate standards of
12 review.
13 Rather, pursuant to Section 14.08
14 of the Village's Zoning Code, Haymarket is appealing
15 the four decisions by the Zoning Administrator. All
16 four center around the Zoning Administrator's
17 decision that Haymarket's request for approval to
18 use the Holiday Inn property as a health care
19 facility special use may only be processed as a
20 planned development.
21 And as you know, procedures for
22 planned development approval are significantly more
23 onerous, and the standards for planned development
24 approval are substantially higher because they're

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1 directed to site development and include an analysis
2 of tax revenues and government costs for this
3 not-for-profit entity.
4 Also, as we've made clear to the
5 Village on several occasions, time is of the
6 essence. So to avoid needless and costly delays, on
7 July 3rd, 2019, Haymarket filed both a petition for
8 approval of a special use for health care facility
9 along with a variance to allow the building
10 location, size, and structure to remain unchanged,
11 and also a petition for a planned development with
12 requests for Plan Commission approval of exceptions
13 pursuant to the authority of this Commission under
14 Section 14.12.2(b) of the zoning ordinance.
15 On May 9th, the Zoning
16 Administrator informed Haymarket that Haymarket must
17 apply for a planned development approval.
18 On June 26th, the Zoning
19 Administrator informed Haymarket that she is
20 refusing to process Haymarket's planned development
21 application without a landscape plan and an economic
22 impact statement, notwithstanding that Haymarket's
23 application and request for exceptions from the Plan
24 Commission were set forth in our application.

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1 On July 16th, the Zoning
2 Administrator rejected the health care facility
3 special use application.
4 And on July 24th, the Zoning
5 Administrator informed Haymarket that her refusal to
6 allow the health care special use application to
7 proceed until the planned development application
8 was decided even if the Commission decides that the
9 health care special use application was properly
10 filed.
11 Each application submitted by
12 Haymarket was completed and required by Village
13 ordinance, and as specified in the Village's
14 published procedures in petition for special use
15 applications and its published procedures in
16 petition for variation from the Itasca Zoning
17 Ordinance. And each was accompanied by payment of
18 the Village's filing fees.
19 So we have on the agenda tonight
20 the four appeals; and, Mr. Chairman, if you would
21 allow me, I'd like to address the third one first,
22 the third one on the agenda.
23 CHAIRMAN KISCHNER: Okay.
24 MR. ROTH: So as to the first issue, the

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1 Zoning Administrator states in her response to the
2 appeal that the Haymarket project should be
3 processed as a planned development because it's
4 unique and does not fit neatly within zoning
5 categories; but she ignores the very language of
6 Section 14.11 of the Zoning Code stating that the
7 purpose of special uses is to address just that
8 circumstance. Quote, "It's recognized that there
9 are special uses which, because of their unique
10 character, cannot be properly classified in any
11 particular zoning districts without consideration in
12 each case of the impact of those uses." That's
13 exactly what we have here.
14 The Zoning Administrator also
15 ignores the fact that under Illinois law special
16 uses are presumed compatible with the zoning
17 districts in which they are located, in this case,
18 the B-2 zoning district which specifically allows as
19 special uses health care facilities.
20 The Zoning Administrator also
21 admits that the proposed health care facility best
22 fits within the hospital land use category.
23 Hospitals are well-suited for commercially zoned
24 areas rather than residential or industrial. As

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1 I've said, health care facilities are allowed as
 2 special uses in the B-2 zoning district, and the use
 3 proposed by Haymarket DuPage falls squarely within
 4 the Village's definition of health care facilities.
 5 As such, under the Village's own
 6 code, it should be processed as a special use for a
 7 health care facility. It's a clinic and a health --
 8 and a hospital as they are defined in the Village's
 9 Zoning Code with 100 percent of its operations
 10 licensed and regulated by the State. 100 percent of
 11 its operations licensed and regulated by the State
 12 as that facility. Every aspect of its operations
 13 will involve either diagnosis, treatment, or
 14 recovery support for persons disabled by and seeking
 15 care due to substance use and mental health
 16 disorders. All of it.
 17 Even the Zoning Administrator
 18 admits that after distinguishing many other zoning
 19 categories, the health care facility proposed best
 20 fits within the hospital category.
 21 At this time, I'd like to call Pete
 22 Iosue, who is a professional land planner and
 23 municipal land planner, to speak to the issues
 24 regarding the fundamental question that we have

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1 before us tonight, whether or not this proposal
 2 falls within the special use category for health
 3 care facilities, or whether, in fact, it must be
 4 processed as a planned development.
 5 Pete?
 6 MR. IOSUE: Good evening. Can everybody hear
 7 me? Guys good? All right.
 8 Thanks for coming out, everybody.
 9 Thanks to the board for hearing our petition.
 10 Again, my name is Pete Iosue. I
 11 work for Teska Associates. We are professional land
 12 planners and landscape architects. I've been
 13 working for -- I've been a professional land
 14 planner, AICP certified, for about 20 years, been
 15 working for Teska Associates for roughly 15 years.
 16 I just have a couple of points I
 17 want to make. Mike pretty much hit on all the main
 18 points, but there's just a couple of things I'd like
 19 to get into. I'll be as brief as possible. I
 20 realize there's a ton of people here. Everybody
 21 probably doesn't want to be here all night and it is
 22 super hot, so I'm going to just be real quick.
 23 I'd just like to talk to briefly
 24 about the decision to treat the petition as a

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1 planned unit development as opposed to just a
 2 special use.
 3 As you guys are well aware -- you
 4 just had a hearing right before us on a planned unit
 5 development -- PUDs are very powerful planning
 6 tools. They allow for a creative and flexible
 7 approach to design, so PUDs are a wonderful thing;
 8 but I do not -- I just don't feel that it's
 9 appropriate in this circumstance.
 10 A PUD is typically -- a PUD is
 11 typically designed to be used for new development.
 12 If you look at the criteria, I've reviewed the
 13 Petitioner's application and I've reviewed your
 14 zoning ordinance, I heard somebody say here earlier
 15 that -- about the higher standards of the PUD. I
 16 wouldn't necessarily say that they're higher
 17 standards; it's just most of the standards for a PUD
 18 are just not relevant in this circumstance.
 19 As I said, a PUD is typically
 20 reserved for a new development. It has requirements
 21 for site planning, for preservation of woodlands.
 22 It allows for creative design primarily for a new
 23 development with multiple buildings and multiple
 24 uses, which we just don't have in this case.

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1 It allows the Village to do things
 2 such as, you know, to provide trade-offs, to allow a
 3 taller building or a higher density or a reduction
 4 in parking for some trade-offs such as protection of
 5 a wetland or additional open space.
 6 In this case, we're primarily just
 7 talking about the adaptive reuse of an existing
 8 building; so I don't -- I don't think that the
 9 planned unit development requirements are
 10 appropriate in this case.
 11 As Mike stated earlier -- I've
 12 reviewed the definitions of the zoning ordinance --
 13 in order to be deemed as a special use, the Village
 14 has determined that there was more than one primary
 15 use for the proposed petition.
 16 I've reviewed the definitions, and
 17 I have a couple of them here. It's our opinion that
 18 the proposed use fits pretty squarely into the
 19 definition in the zoning ordinance for a health care
 20 facility. And I'll just read that off real quick.
 21 The definition per the zoning
 22 ordinance for a health care facility is a building
 23 containing an association or group of physicians,
 24 dentists, clinical psychologists, and similar

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1 professional health care practitioners, including
2 allied professional assistants, who are assembled
3 for the purpose of carrying on their professions.
4 The health care facility may include apothecary,
5 dental, medical laboratories, and/or x-ray
6 facilities, but shall not include inpatient care or
7 operating rooms for major surgery.
8 But then it also further defines
9 under that definition the definition of a hospital,
10 which we feel this proposed use squarely fits under.
11 Any institution, place, building, or agency, public
12 or private, whether organized for profit or not,
13 devoted primarily to the maintenance and operation
14 of facilities for the diagnosis and treatment or
15 care of two or more unrelated persons admitted for
16 overnight stay or longer, and in addition to obtain
17 medical care including obstetric, psychiatric,
18 nursing care for illness, disease, injury,
19 infirmity, or deformity. That pretty squarely fits
20 what the Petitioner is proposing in this case.
21 I also reviewed the definitions
22 for -- as the Village has deemed this to be a
23 primary use for residential, I reviewed the code on
24 the definitions of residential and dwelling units;

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1 and I just have some definitions here. I don't
2 believe that this fits in the definition of a
3 dwelling unit in your zoning ordinance.
4 The proposed use, they're
5 essentially reusing the hotel rooms for temporary
6 stays. It would be no one's permanent residence.
7 And the definition for a dwelling
8 unit I have here. A dwelling unit as defined in the
9 Village's code consists of one or more rooms which
10 are arranged, designed, or used as living quarters
11 for one family only. Individual bathrooms and
12 complete kitchen facilities permanently installed
13 shall be included in each dwelling unit.
14 The code does specify different
15 types of dwelling units for single-family,
16 multi-family, and whatnot; but these are not
17 permanent dwelling units. They're essentially
18 reusing the existing hotel rooms for temporary
19 stays. No one is living there permanently. It's
20 nobody's residence or place of dwelling.
21 So I feel that in my professional
22 opinion that the use fits squarely under your
23 definition for a health care facility, which is a
24 special use in B-2 district. I feel that's the

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1 appropriate course of that action for the Village.
2 MR. ROTH: Thank you.
3 So I'll conclude on this issue of
4 the first element of the appeal, that there are not
5 multiple primary land uses that are being proposed,
6 and that is the standard, whether those land uses
7 are subordinate or accessory or related or, in fact,
8 are they other primary land uses which, as you know
9 through your experiences, is what you're dealing
10 with with a planned unit development. And in this
11 case, this is a call for a planned development with
12 no development planned.
13 The entire facility is going to be
14 licensed. It is not residences. The uses, or the
15 activities for overnight stays, whether they be for
16 30, 60, 90 days, or even in the recovery home
17 portion up to a year, does not -- does not make this
18 operation a residential operation, any more than --
19 (Laughter.)
20 (Indiscernible crosstalk between
21 audience members.)
22 MR. ROTH: -- any more than a stay in a
23 hospital which can be unlimited. People can stay
24 in --

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1 AUDIENCE MEMBER: Yeah, stay in a hospital,
2 then.
3 (Indiscernible crosstalk between
4 audience members.)
5 CHAIRMAN KISCHNER: Excuse me. Pardon me.
6 MR. ROTH: I'm sorry.
7 CHAIRMAN KISCHNER: If the audience can
8 remain silent, I would appreciate it. Please listen
9 to the Petitioner. Public comment, they listened to
10 you respectfully on your comments. I would ask that
11 Itasca be civil, unlike the rest of our country as I
12 noted at the beginning of the meeting, and listen.
13 You'll have your chance to respond at our next
14 public hearing, which I cannot remember the date.
15 AUDIENCE MEMBERS: The 18th.
16 MR. ROTH: September 18th.
17 CHAIRMAN KISCHNER: Thank you. You remember
18 better than I do. So thank you in advance.
19 MR. ROTH: So as you know, businesses have
20 multiple uses frequently; and that does not take
21 them out of a zoning category. The question is
22 whether or not the other uses are primary uses, and
23 that is not what is involved here. Every aspect of
24 this is a medical use. It is health care. That's

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1 what this is. And there are different elements --
2 as I'm sure that you can understand, there are
3 different elements to health care, and the different
4 levels, the different degrees, the different stages
5 in which health care is administered.
6 And so to say that, for example, in
7 a hospital, that that needs a planned development
8 because there's going to be a cafeteria or a
9 restaurant in the hospital is -- is illogical.
10 Same things with hotels. You can
11 have conference centers in hotels. Does that mean
12 that you have to have a planned development because
13 of multiple primary uses? No, because they're all
14 subordinate to, they're accessory to, and they're
15 incidental to the primary use, which is a hotel,
16 which is what's been going on at the Holiday Inn for
17 some time.
18 Finally, the Itasca's residential
19 zoning applies specifically to dwellings and
20 dwelling units, as -- as Pete said. The Haymarket
21 health care facility does not fall within the scope
22 of residential regulations under Section 7.01 of the
23 Village's Zoning Code and doesn't even involve
24 living accommodations for families only, which is

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1 the requirement for residential zoning. And
2 residential units must have -- dwelling units must
3 have kitchens, and not one of the rooms in this case
4 does. These are simply not dwelling units, it's not
5 dwellings, and it's not a residential use;
6 therefore, it certainly cannot be considered a
7 primary use.
8 That's it for our comments with
9 regards to that first issue on appeal, Mr. Chairman.
10 CHAIRMAN KISCHNER: No. 3.
11 MR. ROTH: If you'd like me to move on to the
12 next one or how do you like to handle this?
13 CHAIRMAN KISCHNER: Yeah, why don't we do all
14 four.
15 MR. ROTH: Okay. Fine.
16 The second issue on this appeal
17 challenges the Zoning Administrator's decisions to
18 summarily reject and prevent any hearing on
19 Haymarket's petition.
20 CHAIRMAN KISCHNER: And which appeal are you?
21 MR. ROTH: This would be -- I think it's
22 number -- it's No. 1 on your agenda.
23 CHAIRMAN KISCHNER: Okay. Thank you.
24 MR. ROTH: Yeah, it's No. 1 on the agenda.

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1 So, again, this issue involves the
2 appeal -- in the appeal challenging the Zoning
3 Administrator's decision to reject and prevent any
4 hearing, any consideration by this Plan Commission
5 on Haymarket's petition for approval of a special
6 use, to use the Holiday Inn property as a health
7 care facility, even though the petition filed was in
8 accordance with the letter of the Village's own
9 codes. The Zoning Administrator doesn't have the
10 authority to simply reject zoning applications that
11 comply with the rule of law, with the Village's
12 zoning ordinances, with your published standards for
13 filings and proceedings, and to not -- and to deny
14 Haymarket the opportunity to make its presentation
15 on that basis to the Plan Commission and finally to
16 the Village Board.
17 That was an abuse of her
18 discretion, and we're asking the Plan Commission to
19 reverse that and allow this matter to proceed as a
20 planned -- as a special use for a health care
21 facility as has been applied.
22 Appeal No. 4 --
23 CHAIRMAN KISCHNER: Excuse me.
24 MR. ROTH: Yes, sir.

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1 CHAIRMAN KISCHNER: Before we move on to 4 --
2 MR. ROTH: Yeah. Sure.
3 CHAIRMAN KISCHNER: -- I just have a point of
4 clarification for myself on No. 1.
5 MR. ROTH: Okay.
6 CHAIRMAN KISCHNER: Are you appealing the
7 Zoning Administrator, that she was incorrect in her
8 conclusion or that she made a conclusion that you
9 disagree with?
10 MR. ROTH: She was incorrect in her
11 conclusion that the only way in which we could
12 process our application was by way of a planned
13 development.
14 Now, she may take issue with
15 whether or not it satisfies the special use
16 standards, but we should be entitled to a hearing.
17 We should be entitled to presentation of our
18 evidence and consideration and recommendation by
19 this Plan Commission to the Village Board.
20 CHAIRMAN KISCHNER: Okay. Thank you.
21 MR. ROTH: But we also take issue with the
22 Zoning Administrator's refusal to process that
23 application. So that's where we believe, as we have
24 said and as Mr. Iosue has testified, the proposed

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1 use fits squarely within the Village's Zoning Code
2 for health care facilities; and we should be
3 entitled to present our evidence on that issue and
4 proceed without delay and without having to proceed
5 one at a time on this.

6 The next issue that was presented
7 on our appeal was the fact that because of our time
8 constraints, we filed an application for the special
9 use for a health care facility as -- as we say, we
10 think it's the appropriate way to go. But because
11 of the tight time frame, we also -- and we didn't
12 want to ignore what the Zoning Administrator had to
13 say, we also filed an application for a special use
14 for a planned development. And that special use for
15 a planned development then brings this matter into a
16 different area of the Zoning Code.

17 And under Section 14.12 of the
18 Village's code, this Commission, when considering a
19 planned development, is entitled to apply or make
20 exceptions for certain of the standards for special
21 use planned development consideration. And in our
22 application, we asked for that. We asked that the
23 Plan Commission make findings for some exceptions.
24 And one of the main reasons for

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1 that is because most of the planned development
2 standards deal with development, and there isn't any
3 development proposed here to the site or the
4 exterior of the building as I've said. The
5 building's going to stay. We're not going to
6 increase the height. We're not going to increase
7 the size or the location or add on to it. The only
8 change to the exterior was going to be a change of
9 the sign.

10 So as to that, many, many of the
11 provisions within the Zoning Code for processing
12 planned developments, they just don't apply. They
13 don't apply.

14 And so as part of our application
15 for the planned development, even though we don't
16 think that we should have had to apply for a planned
17 development, we asked to be exempt from those
18 standards that don't apply. And the Zoning
19 Administrator herself agreed that 38 out of the
20 52 points that we said were inapplicable, she agrees
21 they just don't apply.

22 So when we talk about issues like
23 is the Plan Commission going to be confused by
24 proceeding with two applications for exactly the

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1 same thing at exactly the same location and what
2 standards would apply, I don't think there will be
3 any confusion at all.

4 If there's going to be confusion,
5 it will be trying to sift through the 38 to 52
6 standards of the planned development ordinance that
7 don't apply; and even according to your Zoning
8 Administrator, they don't apply.

9 The better thing to do and the more
10 expedient thing and the easier to understand way to
11 process this would be to take this as a health care
12 facility, evaluate it on its merits, and make your
13 decisions, and decide. And decide whether or not
14 there are certain conditions or standards that ought
15 to be attached to this. But decide it on the basis
16 that it's designed to be based on, on the special
17 use health care facility standard.

18 So we had asked in part of our
19 application for the Plan Commission to find these
20 exceptions and apply them where simply -- simply the
21 planned development regulations just don't make
22 sense. They're not logically applicable. But the
23 Zoning Administrator said no. She said I will not
24 process your planned development application until

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1 you submit things that you're asking for exceptions
2 from.

3 And so we think that's wrong. We
4 think we should have been able to bring that
5 question to this board and have a decision made, but
6 we were denied the opportunity to do that; and as a
7 result, we had to file expensive and time-consuming
8 reports that we think are just not applicable.

9 The last point that I want to make
10 is on Appeal No. 2, that even if this Commission
11 were to agree with us that it is appropriate to
12 process our application for a special use for a
13 health care facility, that even if you agree with
14 us, she's not going to do it until after the planned
15 development is fully processed and completed.

16 Well, if you think these
17 proceedings are going to be drawn out as they are
18 now, if we have to do the whole thing twice, it's
19 completely unnecessary, it's inappropriate, it's
20 burdensome, it's expensive, and I don't think
21 anybody should want to do that. We should be
22 entitled to proceed.

23 It's our hope that the Plan
24 Commission will agree that this matter can proceed

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1 under the appropriate standards for a special use
2 for a -- for a health care facility, and that you
3 just take the hearing all as one and your make your
4 decision. And you're intelligent enough, you won't
5 be confused. You can apply the appropriate
6 standards as you see fit. You'll have time to do
7 that and allow us a full hearing in an expeditious
8 way. That's all.
9 CHAIRMAN KISCHNER: Okay. Thank you.
10 MR. ROTH: Thank you.
11 CHAIRMAN KISCHNER: I will turn to Village
12 staff.
13 MS. MALIK JARMUSZ: Thank you.
14 My name is Shannon Malik Jarmusz.
15 I'm the Community Development Director, and I serve
16 as the Zoning Administrator for the Village of
17 Itasca. I too am a certified planner through the
18 American Institute of Certified Planners; and I've
19 been involved in local government, employed by local
20 government since 2001. So I just want to let the
21 audience know that's my background.
22 I do have a written response that
23 I'm going to read into the record this evening, so
24 bear with me. This was written for a general

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1 audience, so it will a little bit in the third
2 person; but I'm going to take some time to go
3 through that.
4 Haymarket DuPage LLC, Haymarket, is
5 appealing the decisions of the Zoning Administrator,
6 Community Development Director, Shannon Malik
7 Jarmusz under the zoning ordinance. In response,
8 the Zoning Administrator states the following:
9 I. Haymarket's proposal is
10 appropriately governed by the planned development
11 section of the zoning ordinance.
12 **A. Haymarket's proposal is unique**
13 **and does not easily fit into any category of the**
14 **zoning ordinance. Haymarket's proposal for the**
15 **conversion of the 168-room hotel into a nonprofit**
16 **facility for addiction recovery and mental health**
17 **care includes, among other things:**
18 **i. Detox. Haymarket proposes to**
19 **have a short-term, medically intense unit for**
20 **withdrawal management with stays of three to five**
21 **days.**
22 **ii. Residential program.**
23 **Haymarket proposes a residential program with stays**
24 **for individuals receiving mental health care**

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1 **treatment and/or addiction recovery treatment for**
2 **seven to 90 days.**
3 **iii. Recovery homes. Recovery**
4 **homes is a term used by the State of Illinois**
5 **Administrative Code, Section 2060.509. These**
6 **recovery homes are defined as alcohol- and drug-free**
7 **housing components and must provide a structured**
8 **alcohol- and drug-free environment for congregate**
9 **living which can be used by residents. Haymarket**
10 **proposes that individuals may live in these recovery**
11 **homes for up to 365 days. When Haymarket initially**
12 **proposed its facility, it was represented that the**
13 **recovery homes portion of the facility will consist**
14 **of a minimum of 120 to 130 beds, which is 60 to 65**
15 **double occupancy rooms.**
16 **iv. Outpatient. Haymarket's**
17 **proposal includes outpatient programs for their**
18 **clients and patients.**
19 **v. Childcare. Haymarket's**
20 **proposal includes childcare for its residents and**
21 **patients in order to provide full family treatment.**
22 **vi. Education/work. Haymarket's**
23 **proposal includes parenting education, fatherhood**
24 **programming, GED preparation classes, job placement**

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1 **services, and health education.**
2 **vii. Dining. Haymarket proposes**
3 **to have a community dining facility to be used by**
4 **residents.**
5 **B. Based on this information,**
6 **Ms. Malik Jarmusz determined that Haymarket's**
7 **proposal did not fit neatly into any existing**
8 **category under the zoning ordinance. For example,**
9 **Haymarket's proposal is not clearly:**
10 **i. Boarding and lodging house.**
11 **This use is primarily residential. Haymarket's**
12 **proposal is both medical with detox, residential**
13 **treatment, and outpatient; residential with recovery**
14 **homes; and other, childcare, education, and job**
15 **placement.**
16 **ii. Childcare center or school.**
17 **The proposed primary use is not childcare or**
18 **children's education.**
19 **iii. Dwelling unit. This**
20 **definition and the subcategories of efficiency,**
21 **multi-family, single-family detached, single-family**
22 **attached, et cetera, require complete kitchen**
23 **facilities and individual bathrooms.**
24 **iv. Family care home. This**

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1 category does not apply because it's limited to five
2 or fewer developmentally disabled persons, and
3 Haymarket's proposal is for renovating a 168-bed
4 facility for double occupancy.
5 v. Motel/hotel. This category
6 does not apply as it's used by transient guests.
7 vi. Hotel extended stay. This
8 category does not apply as the maximum length of
9 stay is 120 days.
10 vii. Lodging room. This category
11 may apply to the recovery homes portion of the
12 proposal but is not allowed in any zoning district.
13 viii. Nursing home. This category
14 does not apply as it excludes care for mental
15 illness.
16 C. Haymarket's proposal has
17 components of the following:
18 i. Dwelling. A dwelling is a
19 building or portion thereof designed or used
20 exclusively for residential occupancy, including
21 single-family dwellings, two-family dwellings, and
22 multiple-family dwellings, but not including mobile
23 homes, hotels, motels, rooming, boarding, or other
24 lodging houses. This definition is a good fit for

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1 the proposed recovery homes but not the rest of the
2 proposed uses.
3 ii. Health care facility. Health
4 care facilities have two subcategories. The first
5 is clinic, and a clinic does not allow any inpatient
6 care but is appropriate for outpatient care. The
7 second is hospital. A hospital is any institution,
8 place, building, or agency, public or private,
9 whether organized for profit or not, devoted
10 primarily to the maintenance and operation of
11 facilities for the diagnosis and treatment or care
12 of two or more unrelated persons admitted for
13 overnight stay or longer in order to obtain medical
14 care, including obstetric, psychiatric, and nursing
15 or care of illness, disease, injury, infirmity, or
16 deformity. The term hospital, without regard to
17 length of stay, also includes any facility which is
18 devoted primarily to providing psychiatric and
19 related services and programs for the diagnosis and
20 treatment of two or more unrelated persons suffering
21 from emotional or nervous disease and mental or
22 physical hospitals. The detox program and
23 residential program fit most closely into this
24 category.

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1 D. The property is in the B-2
2 Community Business District, which is governed by
3 Section 8.04 of the Zoning Code, and was established
4 to promote a harmonious, efficient, and convenient
5 retail shopping district. The district encourages
6 traffic safety through proper traffic routing and
7 auto parking, freedom from traffic congestion
8 through provisions for adequate off-street parking,
9 and the protection and promotion of the surrounding
10 residential area. Since the B-2 district is
11 primarily a business district, the proposed
12 residential use, the recovery homes component, is
13 not a traditional fit for the district.
14 E. When a proposed use does not
15 fit into any existing category under the zoning
16 ordinance, the petitioner may either seek a text
17 amendment or a planned development. Because a text
18 amendment is forever part of the zoning ordinance
19 and this type of proposal seemed unlikely to be
20 reoccurring, Ms. Malik Jarmusz determined that
21 Haymarket should apply for a planned development by
22 special use.
23 F. Planned development by special
24 use is governed by Section 8.04(2) of the Zoning

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1 Code. A planned development is used when the use of
2 land contains three or more acres as an integral
3 unit and combines one or more primary land uses.
4 Here, Ms. Malik Jarmusz determined that the uses in
5 Haymarket's proposal include two primary uses and
6 several secondary uses:
7 i. Residential - dwelling;
8 ii. Health care - hospital;
9 iii. Health care - clinic;
10 iv. Childcare;
11 v. Education; and
12 vi. Dining.
13 G. Because of the multiple uses
14 proposed by Haymarket, Ms. Malik Jarmusz correctly
15 determined that a planned development application
16 was appropriate.
17 II. The Zoning Administrator
18 reasonably accommodated Haymarket's request to waive
19 inapplicable sections of the zoning ordinance.
20 Haymarket requested several waivers
21 from Section 14.12's requirements for planned
22 development. Because there was no new construction
23 contemplated by Haymarket, Ms. Malik Jarmusz agreed
24 that certain subsections of 14.12 were inapplicable.

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1 Haymarket is challenging two subsections which were
2 not waived by the Zoning Administrator, the
3 landscape plan and the economic impact statement.
4 A. The landscape plan requirement
5 was not waived because the landscaping on the site
6 is approximately four decades old. Ms. Malik
7 Jarmusz believes the Plan Commission and Village
8 Board may wish to take this opportunity to review
9 the existing landscaping and determine whether the
10 existing plantings are adequate for the new
11 proposal.
12 B. The economic impact statement
13 was not waived because Village staff has concerns
14 about the impact Haymarket's proposal will have on
15 the Village's tax revenue and resources. Ms. Malik
16 Jarmusz asked Haymarket to address these concerns in
17 an economic impact statement so the Plan Commission
18 and Village Board can consider them with Haymarket's
19 proposal.
20 III. The Zoning Administrator
21 acted within the scope of her authority when
22 refusing to process an inapplicable petition and a
23 late petition.
24 A. Ms. Malik Jarmusz, as Director

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1 of Community Development, is the Zoning
2 Administrator per Itasca Code of Ordinances,
3 Section 30.091.
4 B. Section 14.02(1) states that
5 the Zoning Administrator shall be in charge of the
6 administration and enforcement of this ordinance and
7 is responsible for receiving zoning applications and
8 adopting rules and procedures consistent with the
9 zoning ordinance.
10 Ms. Malik Jarmusz -- letter C -- in
11 her role as Community Development Director and
12 Zoning Administrator regularly works with
13 petitioners, landowners, and developers to ensure
14 that the materials submitted to the Plan Commission
15 are appropriate and complete. She provides
16 petitioners, landowners, and developers with
17 feedback and comments on their submittals and often
18 requires them to modify or update their submittals
19 in advance of the Plan Commission hearing or Village
20 Board meeting. She believes that it is staff's
21 responsibility to ensure each petition before the
22 Plan Commission and the Village Board are complete
23 so the Plan Commissioners' and Trustees' time is not
24 wasted or misused.

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1 D. Since petitioners, landowners,
2 and developers may appeal any of Ms. Malik Jarmusz's
3 decisions to the Plan Commission and Village Board
4 where they receive a chance to be heard and have the
5 adverse decision reviewed, their due process rights
6 are fully protected.
7 E. In order to ensure that
8 petitioners are appropriate and complete --
9 petitions are appropriate and complete before the
10 public hearing at the Plan Commission, Village staff
11 requires sufficient time to review each petition,
12 provide feedback to each petitioner, and prepare the
13 staff memorandum for the Plan Commissioners' review
14 in advance of the hearing. Village staff works with
15 several departments, engineering, building, police,
16 and the fire protection district, to ensure that all
17 concerns are raised before or during the public
18 hearing. To have an orderly process, deadlines are
19 announced at the beginning of the year and enforced.
20 Here, Haymarket was given a
21 seven-day extension to submit all materials for the
22 planned development application. Since they missed
23 the deadline and the seven-day extension,
24 Haymarket's petition was not scheduled for the

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1 August Plan Commission meeting.
2 F. Finally, although numerous
3 petitions with multiple parts are regularly heard
4 before the Plan Commission such as variances,
5 Class I site plan review, subdivision, and special
6 use, the Plan Commission does not hear alternative
7 or competing petitions.
8 Haymarket here submitted two
9 special use petitions in the alternative.
10 Mr. Michael Roth's cover letter dated July 3rd,
11 2019, indicated that Haymarket was seeking approval
12 of its petition for health care special use and, if
13 that was not the appropriate application, approval
14 of its petition for a planned development by special
15 use. This either/or approach would require staff to
16 analyze two separate alternative positions --
17 petitions and would require this Commission to
18 review these alternative petitions at the same
19 hearing. To Ms. Malik Jarmusz's knowledge, this
20 Plan Commission has never proceeded in this manner,
21 and she did not think it was appropriate here.
22 G. In her role as Zoning
23 Administrator, Ms. Malik Jarmusz determined that
24 Haymarket needed to submit a complete petition for a

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1 planned development by special use and needed to do
2 so by the deadline in order to be placed on the
3 agenda for Plan Commission. This is consistent with
4 the Commission's prior instructions to Ms. Malik
5 Jarmusz concerning the role of her office and staff
6 and is consistent with how this Commission has
7 handled petitions in the past.
8 In conclusion, Ms. Malik Jarmusz
9 requests the Plan Commission uphold her decisions
10 and recommends dismissal of Haymarket's appeal. I
11 stand on that report.
12 CHAIRMAN KISCHNER: Thank you.
13 AUDIENCE MEMBER: Well said.
14 MR. ROTH: May I?
15 (Applause.)
16 MR. ROTH: Mr. Chairman, this will take one
17 minute.
18 I want to close by reiterating that
19 an important principle overlaying this entire
20 proceeding is the fact that the proposed health care
21 facility is a not-for-profit, fully licensed and
22 regulated facility for the diagnosis and treatment
23 and care of disabled persons; and the zoning
24 decisions at issue here have a direct impact on

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1 people that are most in need of these services. The
2 accommodations that we ask for in these appeals is
3 necessary, reasonable, and required under the laws
4 of this land.
5 I would finally like to ask for an
6 opportunity to -- I had spoken to Shannon earlier
7 today to ask if, in fact, there had been some kind
8 of a response to our appeal that we filed last week;
9 and she kindly said yes, she would. And then -- and
10 today I received a copy of her report.
11 I'd like to have the opportunity to
12 analyze that report and file a brief response, say
13 within 48 hours.
14 CHAIRMAN KISCHNER: Hang on a second. I
15 haven't done this before, quite frankly, so I'm
16 going to turn to my --
17 MR. ROTH: Okay. Sure.
18 CHAIRMAN KISCHNER: -- lawyer and say --
19 COMMISSIONER SWETS: Our lawyer.
20 CHAIRMAN KISCHNER: -- what's our, the
21 Village's --
22 MS. WYSOCKI: Mr. Roth, are you willing to
23 wait until the next Plan Commission meeting for a
24 ruling on the appeal, then, so they have an

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1 opportunity to see your response?
2 MR. ROTH: No. We need to move this along.
3 It's our hope that we will be able to proceed with
4 our --
5 (Laughter.)
6 MR. ROTH: -- that we will be able to proceed
7 with our application for the special use for the
8 health care facility right away. I mean, we need to
9 have -- we can't have this lingering any further.
10 It's been prolonged.
11 MS. WYSOCKI: That was my understanding.
12 That's why I wanted --
13 MR. ROTH: What I'm saying is in fairness --
14 and I think it is fair -- that you can close the
15 hearing but leave an opportunity for me to file a
16 response within, say, 48 hours, take it into
17 consideration, and get your -- get your
18 recommendations in to the Village Board.
19 It's my hope that this can be done
20 expeditiously so that we can get a decision and
21 perhaps have the application for the health care
22 facility special use heard at the same time as the
23 Plan Commission in September.
24 ///

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1 (Indiscernible crosstalk between
2 audience members.)
3 MR. ROTH: I know everybody would like to see
4 this delayed, but it's important to us that it not
5 be delayed. We need to move forward with the public
6 hearings.
7 AUDIENCE MEMBER: Itasca, be quiet.
8 CHAIRMAN KISCHNER: Please.
9 MS. WYSOCKI: Thank you, Itasca.
10 The reason I was asking is because
11 it was my understanding that you wanted to proceed,
12 and this Commission does not meet again until
13 September 18th. So my concern would be that they
14 wouldn't have an opportunity to meet and vote on
15 this appeal until that time.
16 MR. ROTH: Were we expecting a vote tonight
17 on these appeals, Mr. Chairman?
18 MS. WYSOCKI: That was my understanding.
19 CHAIRMAN KISCHNER: Potentially.
20 MR. ROTH: Oh. Well, potentially if you are,
21 fine. And if you're not, I'd like to have an
22 opportunity to respond -- to read and respond to
23 that report.
24 So I don't think it would prejudice

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1 anybody if I were allowed to do that if you're not
2 going to make your decision tonight. If you are,
3 then make your decision.
4 CHAIRMAN KISCHNER: We are -- I'm ready to
5 see if anybody had any questions or comments --
6 MR. ROTH: Sure.
7 CHAIRMAN KISCHNER: -- and then potentially
8 take that vote this evening.
9 MR. ROTH: Okay.
10 CHAIRMAN KISCHNER: But if you want to
11 respond and wait a month, we will give you that
12 opportunity, so.
13 MR. ROTH: I'd rather have this concluded
14 tonight. I'd rather have this appeal concluded
15 tonight.
16 CHAIRMAN KISCHNER: Okay.
17 MS. WYSOCKI: That's why I asked.
18 CHAIRMAN KISCHNER: So with that, does
19 anybody have any comment or want any clarifying
20 questions to be -- for the Petitioner or for staff?
21 COMMISSIONER CARELLO: If we ask a question,
22 do we ask it directly to -- who do we -- how do we
23 approach this?
24 MS. WYSOCKI: If your question is for the

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1 Petitioner, you can ask Mr. Roth and he can decide
2 who will answer.
3 CHAIRMAN KISCHNER: He will need to go to the
4 podium to get on the microphone to respond, if
5 that's the case.
6 MS. WYSOCKI: Yes.
7 COMMISSIONER CARELLO: So I just kind of -- I
8 had a question actually for Mr. Iosue.
9 MR. IOSUE: Sure.
10 COMMISSIONER CARELLO: So you mentioned that
11 in your experience, a planned unit development
12 should be for new developments.
13 MR. IOSUE: Typically, yes.
14 COMMISSIONER CARELLO: Must it be?
15 MR. IOSUE: No.
16 COMMISSIONER CARELLO: No? Okay.
17 MR. IOSUE: No. There can be a unique
18 circumstance. I've never seen one; but there could
19 certainly be a unique circumstance, but it's very
20 uncommon.
21 COMMISSIONER CARELLO: And then another one
22 was you mentioned that most of the needs fit as a
23 special use for this particular application. But do
24 all of them fit as a special use?

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1 MR. IOSUE: That was just misspoken on my
2 part. I feel it clearly --
3 (Laughter.)
4 AUDIENCE MEMBER: Oh, yeah.
5 CHAIRMAN KISCHNER: Please.
6 MR. IOSUE: That's not necessary.
7 I feel that the definition in your
8 zoning ordinance of a health care facility, all of
9 the ancillary secondary uses would certainly fit
10 under that category of health care facility.
11 The existing hotel right now has a
12 number of ancillary secondary uses. It has a
13 conference center. It has a restaurant. It has
14 rooms for people to stay. It's essentially the same
15 process. There's a couple extra -- you know,
16 there's doctors involved here; but otherwise, it's a
17 very similar use to the existing hotel.
18 COMMISSIONER CARELLO: Okay. Thank you.
19 COMMISSIONER DALY: This question is for
20 Mr. Roth.
21 MR. ROTH: Yes.
22 COMMISSIONER DALY: Since we received our
23 packets, and I felt it appropriate to start doing a
24 little research, I wonder based on Haymarket's

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1 website, it seems that there are, as Ms. Malik said
2 earlier, there are detox beds, there are treatment
3 beds, and then there are recovery home beds.
4 So my first question is does
5 Haymarket have any facility where all three of these
6 types of beds and levels of care are all co-housed?
7 MR. ROTH: I can't speak to the other
8 facilities.
9 Jeff or Dan?
10 Jeff Collord is the vice president
11 of operations for Haymarket.
12 MR. COLLORD: Good evening. Our main
13 facility in Chicago's West Loop does have all of
14 those levels.
15 COMMISSIONER DALY: Okay. So based on the
16 construction and operation of that site -- you know,
17 I'm new to this, I'm new to the Plan Commission; so
18 I'm going to plead a little bit of ignorance here.
19 And I'm not an attorney. So I'm trying to unwind
20 the parts where is it -- is there a residential use
21 component integrated into this request for a health
22 care facility special use under the ordinance?
23 So we have a clinic and we have a
24 health care facility. And the part that I'm

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1 wrestling with, whether it's reading through the
2 Illinois Compiled Statutes or looking at federal law
3 or, you know, whatever I could find to try and
4 understand this a little better, you know, community
5 homes, long-term homes for rehabilitative care, in
6 my mind in this proposal, whether the residential
7 home component, or if I'm even calling it correctly,
8 is 30 percent of the beds used or 10 percent of the
9 beds used. I see that if someone is allowed or is a
10 guest for treatment purposes to stay up to 364 days,
11 almost a full year, and they come and go -- you
12 know, I see hospitals and I see you go to the
13 hospital, you're there for an extended period of
14 time and you leave; and generally, hopefully, you
15 don't come back.

16 I see the part of this development
17 where people who are in longer term care, they're
18 reintegrating into the community, they're going to
19 jobs, they're coming back. I see this part of the
20 development more as a college dormitory type
21 arrangement. Even if it's only 10 to 15 percent, I
22 don't know what the percentage of beds would be, but
23 that is clearly, in my mind, a residential -- I
24 mean, if you go to residence halls, if you go to

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1 college and you live there, you're in a residence
2 hall, and you don't have your own bathroom and you
3 don't have your own dining facility but you come and
4 go.

5 On the clinic side, I understand,
6 you know, the outpatient care and all that stuff;
7 and I understand the detox piece clearly fits within
8 a hospital. I mean, to me, that screams hospital,
9 emergency care, things of that nature.

10 The commingled nature of all these
11 different uses, per Shannon's comments, I mean,
12 that's the part that I really struggle with.
13 Because I wonder about the level of security for
14 people who come and go and then say it's a health
15 care facility. Because in my mind, a mental health
16 facility, there is a structured security component
17 for the protection of the residents and the general
18 public. And that's where all this kind of blurs
19 together for me.

20 So in a long-drawn-out way, what
21 percentage under your plan of the beds would be --
22 excuse me, devoted to the residential home piece?
23 If there's 168 beds, I mean, under
24 your current operating plan or your proposed

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1 operating plan for this facility, is it 25 percent?
2 Is it 50 percent?

3 MR. ROTH: If I may, sir, just to ask for
4 clarification, when you're speaking, you're speaking
5 of the recovery home. What percentage is recovery
6 home. Because when you use the term "residential,"
7 our answer is zero. There's zero percent that is
8 residential, and -- and I base that on the fact --
9 the correct interpretation of the Village of
10 Itasca's codes and its own definitions. The term
11 "recovery home" is a term that arises out of the
12 Illinois administrative regulatory scheme. That's
13 how the word "recovery home" came about.

14 But -- and that's what is going to
15 be used, and it's going to be an element of -- and I
16 think it's what you're speaking to -- an element of
17 what this project will be.

18 But when you speak to residential
19 use, our answer is zero; and that's why we believe
20 that there -- there are not multiple primary uses.
21 There's the recovery home aspect of the health care
22 facility, but it's not a residential use.

23 And you ask fair questions. You
24 ask fair questions about, well, what's going to go

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1 on in the recovery home. Those are legitimate, fair
2 questions.

3 But we should be entitled to
4 proceed with a health care facility special use
5 application to let all that be borne out and to
6 answer all your questions in that regard.

7 But I don't want -- what I want to
8 do and why I'm stepping in is because I don't want
9 to -- to intermix the references to the terms
10 "recovery home" and "residential" because recovery
11 homes aren't residential. Can't have families as
12 required under your residential codes. You don't
13 have dwelling units, as are required under your --
14 your codes. The residential zoning doesn't apply
15 per its own terms. It's not residential. And we're
16 talking tonight about your Zoning Code. That's
17 my -- that's my basis for that.

18 COMMISSIONER DALY: Okay. I appreciate your
19 response. I guess based on that -- and I
20 understand, you know, you've got two concurrent
21 applications and petitions, but I think the part I'm
22 still struggling with is whether you call it a
23 recovery home with no residential -- if it doesn't
24 fall under residential in the current Zoning Code

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1 and it is a recovery home under Illinois Compiled
2 Statute, whatever it is.
3 But anyway, the part, you know, are
4 we mixing -- is this semantics at this point?
5 AUDIENCE MEMBER: Yes, it is.
6 (Indiscernible crosstalk between
7 audience members.)
8 COMMISSIONER DALY: Or is it more about when
9 the Zoning Code was written, whenever it was, were
10 facilities of this nature in operation in the area
11 where we could look at a Haymarket when the Zoning
12 Code was written and -- and then you go into the
13 text amendment piece.
14 So I guess -- I guess what I'm
15 struggling with still is I would -- in my mind, if
16 you say it's not a dwelling unit, it's not a
17 residential use but you call it a recovery home,
18 people sleep there, people eat there, people come
19 and go and for up to one year, much like a college
20 dormitory, they -- that is their bed, that's where
21 they come every night to sleep, and then they go
22 about their business.
23 So in my mind, that's the part I'm
24 struggling with. And if it's -- and maybe back to

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1 the original question, how many beds under the
2 current plan would be devoted to that use?
3 MR. COLLORD: I don't have that fact in mind,
4 but I believe that it was in the written response by
5 Ms. Jarmusz.
6 COMMISSIONER HOLMES: 120 to 130.
7 MS. MALIK JARMUSZ: Right. That's correct.
8 COMMISSIONER DALY: And there's 168 beds
9 total in the building?
10 MS. WYSOCKI: I think it's 168 rooms.
11 COMMISSIONER HOLMES: It's a third.
12 MS. WYSOCKI: My understanding is that the
13 hotel currently has 168 rooms. I don't know how
14 many rooms are going to be kept by the Petitioner
15 or -- I'm not sure about that in the current plans.
16 COMMISSIONER DALY: Okay.
17 CHAIRMAN KISCHNER: And are they single or
18 double rooms?
19 MR. COLLORD: They will typically be double.
20 CHAIRMAN KISCHNER: Double.
21 MR. ROTH: Of unrelated persons. No
22 families.
23 CHAIRMAN KISCHNER: Okay.
24 COMMISSIONER DALY: I have no further

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1 questions at this point.
2 COMMISSIONER SWETS: So I'd like to ask a
3 question. I don't know which one it falls under;
4 but the people that are staying there, if it's the
5 recovery home, there's going to be dining, I'm sure
6 there's a cafeteria.
7 Are there going to be any shared
8 kitchens in the area? So, like, you're going to
9 have one kitchen per floor, anything like that? Or
10 is this strictly going to be you have to either eat
11 on your own outside of the facility or eat in the
12 cafeteria?
13 MR. COLLORD: The cafeteria is for the whole
14 building.
15 COMMISSIONER SWETS: There's no other
16 kitchens or anything else --
17 MR. COLLORD: Correct.
18 COMMISSIONER SWETS: -- in the building?
19 COMMISSIONER HOLMES: I don't have any
20 questions.
21 COMMISSIONER DRUMMOND: No questions.
22 COMMISSIONER RAY: I don't have any
23 questions.
24 CHAIRMAN KISCHNER: Okay. I don't have any

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1 questions at this point.
2 I'm just taking notes during the
3 procedure and, you know, listening to both sides.
4 And certainly my notes don't cover everything
5 because I couldn't write as fast as things were
6 progressing; but just a few of my thoughts are that,
7 you know, as I see it, the reasoning that was
8 employed by staff seems logical, it seems
9 reasonable.
10 Unfortunately our code can't be
11 interpreted -- it can be interpreted by reasonable
12 people in a different way. There's some areas that
13 contradict each other in there. We are trying to
14 fix that.
15 The Zoning Administrator did waive
16 certain items out of 14.12. This shows flexibility
17 and a willingness to work with Haymarket.
18 14.02 clearly states the Zoning
19 Administrator shall be in charge of the
20 administration and enforcement of the ordinance, so
21 I think she had the -- I'll say the right to make
22 the decisions that she did.
23 And then also we have asked the
24 Community Development Administrator in the past to

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1 ensure applications are complete. Minor exceptions
2 are sometimes made, certainly. But the economic
3 statement alone, to me, is not a minor exception.
4 That is a -- that's a major exception that, you
5 know, if allowed would have been unacceptable.
6 So I think the decisions that were
7 made by the Administrator were appropriate in this
8 case. So that's my thoughts on the matter at this
9 point.
10 Any other comments, questions from
11 the Commissioners?
12 I'm going to turn to you. Do you
13 have anything to read to us or --
14 MS. WYSOCKI: No.
15 CHAIRMAN KISCHNER: This is new territory for
16 us.
17 MS. WYSOCKI: I know. I know.
18 If there's nothing else that the
19 Petitioner has to add or staff, then I think you're
20 ready for a motion.
21 CHAIRMAN KISCHNER: We are ready for a
22 motion.
23 COMMISSIONER DRUMMOND: I have a question
24 about the motion. Do we need to read it in favor or

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1 against?
2 MS. WYSOCKI: So -- so I would -- on the
3 agenda -- sorry -- there's four appeals listed. And
4 I think just to make a clean record, it would be
5 helpful if we went through each -- each one
6 individually. You can move however, whatever you
7 want to move.
8 COMMISSIONER DRUMMOND: Usually you just vote
9 for it one way, and then --
10 CHAIRMAN KISCHNER: Correct.
11 COMMISSIONER DRUMMOND: -- if all of us are
12 against, that's it; that's the end of it. Right?
13 MS. WYSOCKI: We want to make sure that it's
14 clear to the Village Board if you're recommending --
15 COMMISSIONER DRUMMOND: If we're all in
16 favor?
17 MS. WYSOCKI: -- for or against. So if
18 you're moving to recommend --
19 CHAIRMAN KISCHNER: Let's recommend in the
20 positive like we always do --
21 COMMISSIONER DRUMMOND: Okay. Right.
22 CHAIRMAN KISCHNER: -- to be consistent, and
23 then we will take a vote for or against each
24 individual motion; correct? Or do you want to vote

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1 on it as a whole?
2 MS. WYSOCKI: Well, if you want to make a
3 motion in the positive, like we typically do, and
4 that motion fails, then --
5 COMMISSIONER DRUMMOND: We do another one.
6 MS. WYSOCKI: -- you should do another motion
7 in the negative so that it's clear what the
8 recommendation is to the Village Board.
9 COMMISSIONER DRUMMOND: But if the first one
10 is in favor, we don't need it.
11 MS. WYSOCKI: You don't, no. You don't have
12 to do it twice.
13 COMMISSIONER DRUMMOND: Okay. Got it.
14 All right. I would like to make a
15 motion to recommend the Appeal No. 1, to recommend
16 granting Petitioner's appeal of the Zoning
17 Administrator's decision dated July 16, 2019,
18 rejecting Petitioner's special use application for
19 health care facility.
20 COMMISSIONER CARELLO: I'm sorry, I'm
21 still -- I just want to make sure I understand how
22 these are written.
23 COMMISSIONER DRUMMOND: We are voting for the
24 Petitioner against the Zoning Administrator.

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1 COMMISSIONER CARELLO: So the way to agree,
2 we're voting --
3 CHAIRMAN KISCHNER: A for vote would be
4 agreeing with the Petitioner.
5 COMMISSIONER HOLMES: Granting the appeal.
6 CHAIRMAN KISCHNER: Granting the appeal.
7 COMMISSIONER CARELLO: Because they're
8 written very --
9 CHAIRMAN KISCHNER: A no vote would be --
10 COMMISSIONER CARELLO: -- very odd, and I
11 don't necessarily like it the way they're written.
12 MS. WYSOCKI: Frank, if you want to -- if you
13 want to make your own motion, feel free. That's
14 fine.
15 Is there even a motion on the
16 table? I don't know.
17 CHAIRMAN KISCHNER: Well, I'm waiting to see
18 if Frank is comfortable.
19 COMMISSIONER CARELLO: Give me a second.
20 MS. WYSOCKI: All right.
21 CHAIRMAN KISCHNER: Let him read it.
22 COMMISSIONER DRUMMOND: You want to second
23 this motion.
24 COMMISSIONER SWETS: Let's just say if we

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1 second it and we go for the vote, if we start on
 2 that side, then it will give him a little more time.
 3 (Laughter.)
 4 COMMISSIONER SWETS: We've done that before,
 5 so.
 6 CHAIRMAN KISCHNER: We have done that before.
 7 MS. WYSOCKI: Gives you, like, an extra
 8 30 seconds.
 9 COMMISSIONER SWETS: I mean, they are
 10 unclear, so it does take a little bit of time to --
 11 CHAIRMAN KISCHNER: Well, basically a for
 12 vote -- well, do you understand what the motions
 13 say, Frank?
 14 COMMISSIONER CARELLO: Yes, I do.
 15 CHAIRMAN KISCHNER: Okay. So if you
 16 understand what the motions say, if you're voting
 17 for, you're voting with the Petitioner. If you're
 18 voting against you're voting against the Petitioner.
 19 So that's --
 20 COMMISSIONER DALY: And then what will happen
 21 is we'll read the negative proposal and then we'll
 22 all have to agree or make our second vote so --
 23 COMMISSIONER SWETS: The opposite.
 24 COMMISSIONER DALY: -- for clarity -- yeah,

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1 yeah.
 2 CHAIRMAN KISCHNER: It would be the opposite
 3 of what you just voted for, whatever that might have
 4 been. Does that make sense?
 5 COMMISSIONER CARELLO: Yes.
 6 CHAIRMAN KISCHNER: Okay. So do I get a
 7 second on that motion?
 8 COMMISSIONER DALY: Second.
 9 CHAIRMAN KISCHNER: Okay. So we are ready
 10 for a vote.
 11 THE RECORDING SECRETARY: Commissioner Daly.
 12 COMMISSIONER DALY: Excuse me, has the full
 13 motion been read?
 14 COMMISSIONER DRUMMOND: Yes.
 15 CHAIRMAN KISCHNER: Yeah, for the first one.
 16 COMMISSIONER CARELLO: Can we re-read it?
 17 COMMISSIONER DRUMMOND: For in favor. Want
 18 me to read it again?
 19 COMMISSIONER DALY: Yeah. Just read it one
 20 more time, please.
 21 CHAIRMAN KISCHNER: We're going to re-read
 22 it.
 23 COMMISSIONER DRUMMOND: Okay.
 24 CHAIRMAN KISCHNER: Time has gone by.

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1 COMMISSIONER DRUMMOND: For Appeal No. 1, in
 2 favor of the motion to recommend granting
 3 Petitioner's appeal of the Zoning Administrator's
 4 decision dated July 16, 2019, rejecting Petitioner's
 5 special use application for health care facility.
 6 COMMISSIONER CARELLO: See, it's not written
 7 right. They're not written right.
 8 CHAIRMAN KISCHNER: Okay. So let's go to our
 9 counselor for clarification.
 10 MS. WYSOCKI: Okay. So let's just look at
 11 Appeal No. 1 on the agenda. You can -- you can look
 12 at the Appeal No. 1 on the agenda.
 13 COMMISSIONER DRUMMOND: Can I just try?
 14 MS. WYSOCKI: Go for it.
 15 COMMISSIONER DRUMMOND: Shannon had rejected
 16 the Petitioner's request, so the Petitioner is
 17 asking us to grant the appeal. That's why the word
 18 in the second part of that motion is saying
 19 rejecting Petitioner, because Shannon rejected the
 20 Petitioner's application.
 21 COMMISSIONER CARELLO: But the way it reads,
 22 we recommend granting Petitioner's --
 23 COMMISSIONER DRUMMOND: Appeal.
 24 COMMISSIONER CARELLO: -- by rejecting

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1 Petitioner's --
 2 COMMISSIONER DRUMMOND: By rejecting --
 3 COMMISSIONER CARELLO: That's what it says
 4 here. We recommend granting Petitioner's appeal by
 5 rejecting the Petitioner's appeal.
 6 COMMISSIONER DALY: No, her decision. Her
 7 decision was rejecting.
 8 So if you are against the idea of
 9 them getting their appeal, you vote against the
 10 first motion and then you would vote for the second
 11 motion.
 12 CHAIRMAN KISCHNER: Okay. We have a thought.
 13 MS. WYSOCKI: Lori, if I --
 14 COMMISSIONER DRUMMOND: Should I move on?
 15 MS. WYSOCKI: No, no, no. To clarify, you
 16 can -- you can move to recommend approval or
 17 granting of the Petitioner's Appeal No. 1. Is that
 18 what you --
 19 COMMISSIONER DRUMMOND: Okay.
 20 MS. WYSOCKI: Do you want to make that
 21 motion?
 22 COMMISSIONER CARELLO: For decision dated
 23 July 16th rejecting Petitioner's special use
 24 application --

<p style="text-align: right;">Page 70</p> <p>1 COMMISSIONER DRUMMOND: Okay. We're not 2 going to do that motion. 3 COMMISSIONER CARELLO: -- for or against. 4 COMMISSIONER DRUMMOND: We're not going to do 5 that motion. 6 CHAIRMAN KISCHNER: Well, that's up to you, 7 but we're not -- 8 COMMISSIONER CARELLO: But that's probably 9 what should be done. 10 CHAIRMAN KISCHNER: Well, hang on, hang on. 11 We're going to read it a different way. 12 COMMISSIONER CARELLO: Okay. 13 CHAIRMAN KISCHNER: We're going to try a 14 different way. 15 Just for the audience, I've been on 16 this Plan Commission for 17 years or so. This is 17 our first appeal process, so this is new to us. 18 AUDIENCE MEMBER: We know. 19 CHAIRMAN KISCHNER: Yes. 20 (Laughter.) 21 CHAIRMAN KISCHNER: It's more than obvious; 22 right? 23 MS. WYSOCKI: Apparently the lawyer was not 24 as clear as she needed to be.</p>	<p style="text-align: right;">Page 72</p> <p>1 for -- 2 CHAIRMAN KISCHNER: In the opposite. 3 COMMISSIONER DRUMMOND: -- against. 4 So for Appeal No. 1, we have a 5 motion to recommend denial of Petitioner's appeal. 6 CHAIRMAN KISCHNER: Do I have a second? 7 COMMISSIONER CARELLO: Second. 8 THE RECORDING SECRETARY: Commissioner Daly. 9 COMMISSIONER DALY: For. 10 THE RECORDING SECRETARY: Commissioner 11 Carello. 12 COMMISSIONER CARELLO: For. 13 THE RECORDING SECRETARY: Commissioner Swets. 14 COMMISSIONER SWETS: For. 15 THE RECORDING SECRETARY: Commissioner 16 Holmes. 17 COMMISSIONER HOLMES: For. 18 THE RECORDING SECRETARY: Commissioner 19 Drummond. 20 COMMISSIONER DRUMMOND: Agree. 21 THE RECORDING SECRETARY: Commissioner Ray. 22 COMMISSIONER RAY: Agree. 23 CHAIRMAN KISCHNER: Okay. Thank you. 24 So that one, we'll say failed,</p>
<p style="text-align: right;">Page 71</p> <p>1 COMMISSIONER DRUMMOND: For Appeal No. 1, 2 motion to recommend granting the Petitioner's 3 appeal, in favor of the Petitioner's appeal. 4 COMMISSIONER CARELLO: Understood. 5 MS. WYSOCKI: So you're against -- 6 COMMISSIONER DRUMMOND: Second? 7 COMMISSIONER DALY: Second. 8 THE RECORDING SECRETARY: Commissioner Daly. 9 COMMISSIONER DALY: Against. 10 THE RECORDING SECRETARY: Commissioner 11 Carello. 12 COMMISSIONER CARELLO: Against. 13 THE RECORDING SECRETARY: Commissioner Swets. 14 COMMISSIONER SWETS: Against. 15 THE RECORDING SECRETARY: Commissioner 16 Holmes. 17 COMMISSIONER HOLMES: Against. 18 THE RECORDING SECRETARY: Commissioner 19 Drummond. 20 COMMISSIONER DRUMMOND: Against. 21 THE RECORDING SECRETARY: Commissioner Ray. 22 COMMISSIONER RAY: Against. 23 CHAIRMAN KISCHNER: Okay. Thank you. 24 COMMISSIONER DRUMMOND: Now we need a motion</p>	<p style="text-align: right;">Page 73</p> <p>1 Appeal No. 1. 2 We're getting the hang of this now. 3 Let's go to No. 2. 4 COMMISSIONER DRUMMOND: Okay. Appeal No. 2, 5 motion to recommend granting Petitioner's appeal. 6 COMMISSIONER HOLMES: Second. 7 THE RECORDING SECRETARY: Commissioner Daly. 8 COMMISSIONER DALY: Against. 9 THE RECORDING SECRETARY: Commissioner 10 Carello. 11 COMMISSIONER CARELLO: Against. 12 THE RECORDING SECRETARY: Commissioner Swets. 13 COMMISSIONER SWETS: Against. 14 THE RECORDING SECRETARY: Commissioner 15 Holmes. 16 COMMISSIONER HOLMES: Against. 17 THE RECORDING SECRETARY: Commissioner 18 Drummond. 19 COMMISSIONER DRUMMOND: Against. 20 THE RECORDING SECRETARY: Commissioner Ray. 21 COMMISSIONER RAY: Against. 22 COMMISSIONER DRUMMOND: Appeal No. 3 -- 23 CHAIRMAN KISCHNER: No. 24 COMMISSIONER DRUMMOND: I'm sorry, Appeal</p>

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1 No. 2, we have to do the opposite.
2 Motion to recommend denial of
3 Petitioner's appeal.
4 COMMISSIONER CARELLO: Second.
5 THE RECORDING SECRETARY: Commissioner Daly.
6 COMMISSIONER DALY: Agree.
7 THE RECORDING SECRETARY: Commissioner
8 Carello.
9 COMMISSIONER CARELLO: Agree.
10 THE RECORDING SECRETARY: Commissioner Swets.
11 COMMISSIONER SWETS: Agree.
12 THE RECORDING SECRETARY: Commissioner
13 Holmes.
14 COMMISSIONER HOLMES: Agree.
15 THE RECORDING SECRETARY: Commissioner
16 Drummond.
17 COMMISSIONER DRUMMOND: Agree.
18 THE RECORDING SECRETARY: Commissioner Ray.
19 COMMISSIONER RAY: Agree.
20 COMMISSIONER DRUMMOND: Appeal No. 3, motion
21 to recommend granting Petitioner's appeal.
22 COMMISSIONER RAY: I second.
23 CHAIRMAN KISCHNER: We're ready.
24 THE RECORDING SECRETARY: Commissioner Daly.

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1 COMMISSIONER DALY: Against.
2 THE RECORDING SECRETARY: Commissioner
3 Carello.
4 COMMISSIONER CARELLO: Against.
5 THE RECORDING SECRETARY: Commissioner Swets.
6 COMMISSIONER SWETS: Against.
7 THE RECORDING SECRETARY: Commissioner
8 Holmes.
9 COMMISSIONER HOLMES: Against.
10 THE RECORDING SECRETARY: Commissioner
11 Drummond.
12 COMMISSIONER DRUMMOND: Against.
13 THE RECORDING SECRETARY: Commissioner Ray.
14 COMMISSIONER RAY: Against.
15 COMMISSIONER DRUMMOND: Appeal No. 3, motion
16 to recommend denial of Petitioner's appeal.
17 COMMISSIONER RAY: Second.
18 THE RECORDING SECRETARY: Commissioner Daly.
19 COMMISSIONER DALY: Agree.
20 THE RECORDING SECRETARY: Commissioner
21 Carello.
22 COMMISSIONER CARELLO: Agree.
23 THE RECORDING SECRETARY: Commissioner Swets.
24 COMMISSIONER SWETS: Agree.

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1 THE RECORDING SECRETARY: Commissioner
2 Holmes.
3 COMMISSIONER HOLMES: Agree.
4 THE RECORDING SECRETARY: Commissioner
5 Drummond.
6 COMMISSIONER DRUMMOND: Agree.
7 THE RECORDING SECRETARY: Commissioner Ray.
8 COMMISSIONER RAY: Agree.
9 COMMISSIONER DRUMMOND: Appeal No. 4, motion
10 to recommend granting Petitioner's appeal.
11 COMMISSIONER RAY: Second.
12 THE RECORDING SECRETARY: Commissioner Daly.
13 COMMISSIONER DALY: Against.
14 THE RECORDING SECRETARY: Commissioner
15 Carello.
16 COMMISSIONER CARELLO: Against.
17 THE RECORDING SECRETARY: Commissioner Swets.
18 COMMISSIONER SWETS: Against.
19 THE RECORDING SECRETARY: Commissioner
20 Holmes.
21 COMMISSIONER HOLMES: Against.
22 THE RECORDING SECRETARY: Commissioner
23 Drummond.
24 COMMISSIONER DRUMMOND: Against.

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1 THE RECORDING SECRETARY: Commissioner Ray.
2 COMMISSIONER RAY: Against.
3 COMMISSIONER DRUMMOND: Appeal No. 4, motion
4 to recommend denial of Petitioner's appeal.
5 COMMISSIONER RAY: Second.
6 THE RECORDING SECRETARY: Commissioner Daly.
7 COMMISSIONER DALY: Agree.
8 THE RECORDING SECRETARY: Commissioner
9 Carello.
10 COMMISSIONER CARELLO: Agree.
11 THE RECORDING SECRETARY: Commissioner Swets.
12 COMMISSIONER SWETS: Agree.
13 THE RECORDING SECRETARY: Commissioner
14 Holmes.
15 COMMISSIONER HOLMES: Agree.
16 THE RECORDING SECRETARY: Commissioner
17 Drummond.
18 COMMISSIONER DRUMMOND: Agree.
19 THE RECORDING SECRETARY: Commissioner Ray.
20 COMMISSIONER RAY: Agree.
21 CHAIRMAN KISCHNER: Okay. Thank you.
22 So all four appeals failed. The
23 next part of the process I will let staff explain to
24 you because I'm not sure where we go from here. I

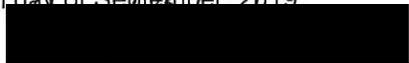
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1 believe you're going to see us next month or --
2 MS. MALIK JARMUSZ: The appeal will next
3 proceed to the Village Board. So we'll work with
4 the Petitioner at the staff level to get the
5 recommendation of the Plan Commission scheduled.
6 The public hearing for the pending
7 petition for special use for planned development is
8 scheduled for Wednesday, September 18th. As of
9 right now, the meeting is scheduled to occur at
10 Peacock Middle School to have a larger venue.
11 Please keep your eye on the Village
12 website, itasca.com. There's a page for this
13 project; so if there are updates or venue changes,
14 we'll certainly let you know there.
15 COMMISSIONER DALY: Shannon, I have a
16 question, if I may.
17 The documents we received for this
18 meeting, because there were exemptions requested as
19 though we were moving forward with the planned unit
20 development, should we hold these documents; or will
21 this all be reprinted and redistributed post Village
22 Board meeting?
23 MS. MALIK JARMUSZ: So you'll get the filing
24 that was made by the Petitioner for the public

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1 hearing as a separate set of documents.
2 CHAIRMAN KISCHNER: Okay. Thank you.
3 MR. ROTH: Thank you.
4 MR. COLLORD: Thank you.
5 (Proceedings were then had
6 which were not recorded
7 stenographically.)
8 * * * * *
9
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1 STATE OF ILLINOIS)
) SS.
2 COUNTY OF K A N E)
3 I, Amy K. Bateman, CSR No. 84-003803, RPR,
4 CRR, CRC, do hereby certify that I reported in
5 shorthand the proceedings had at the hearing of the
6 above-entitled cause and that the foregoing Report
7 of Proceedings, pages 1 through 80, inclusive, is a
8 true, correct, and complete transcript of my
9 shorthand notes taken at the time and place
10 aforesaid.
11 I further certify that I am not counsel for
12 nor in any way related to any of the parties to this
13 suit, nor am I in any way, directly or indirectly
14 interested in the outcome thereof.
15 This certification applies only to those
16 transcripts, original and copies, produced under my
17 direction and control; and I assume no
18 responsibility for the accuracy of any copies which
19 are not so produced.
20 IN WITNESS WHEREOF I have hereunto set my
21 hand this 10th day of September, 2019.
22 
23
24 Certified Shorthand Reporter

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HM Ex. 8
Presented 10/14/19 PC



550 W. Irving Park Road • Itasca, Illinois 60143-2018
630.773.0835 • Fax 630.773.2505 • www.itasca.com

July 22, 2019

VIA U.S. MAIL AND ELECTRONIC MAIL

Michael Roth
Ice Miller LLP
2300 Cabot Drive
Suite 455
Lisle, IL 60532-4613
Michael.Roth@icemiller.com

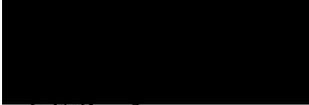
Re: Haymarket's proposal in Itasca

Dear Mr. Roth:

As you are aware, the potential for a new Haymarket facility at the Holiday Inn-Itasca has generated many questions and concerns from the people of Itasca. At a recent board meeting, a number of community members expressed their concerns openly and candidly. Subsequently, both at a separate meeting and a recent community event, several residents have stopped me to ask various questions about Haymarket and the proposed facility. I find myself unable to answer them as fully or completely as I would like. It is important as we move through this process that I can address the concerns of my community as completely and transparently as possible.

To that end, I am enclosing a list of questions, that will best equip me to provide information to my community. While not an exhaustive list, answers to the attached questions will provide much-needed answers to the concerns of many people in Itasca. I respectfully request that you or your client review these questions and provide answers as soon as possible.

Sincerely,


Jeff Pruy
Village President

Encl.

Questions for Haymarket

1. How many people do you expect to treat in the new facility?
 - 1a. How many do you treat downtown?
 - 1b. How many do you treat in Uptown?
 - 1c. How many do you treat in Lake County?
 - 1d. Describe the nature of each treatment facility.
2. What amount of time does a resident spend with the facility?
 - 2a. Do you offer outpatient programs?
 - 2b. Describe the amount of daily traffic (vehicle/foot) at your facilities?
3. How do you accept those that need treatment?
 - 3a. Where do patients come from?
 - 3b. Are DuPage residents going to have priority?
 - 3c. Will you take overflow from your other locations?
 - 3d. How many of your residents are in court ordered programs?
 - 3e. Do you accept early diversion treatment residents?
4. Who pays for that treatment?
5. Where does your funding come from?
6. How is your funding structured?
 - 6a. How long do you project Haymarket to have a stable funding source?
7. You only have a 2017 Annual Report on your website.
 - 7a. Where is your 2018 Annual Report?
 - 7b. When can we expect to see a 2019 Annual Report?
 - 7c. From the 2017 Annual Report, 11% denotes Supporting Services. What are those?
8. What does your security plan look like (internally and externally)?
 - 8a. Who developed the plan?
 - 8b. How often is it reviewed?
 - 8c. Have you had to activate a security response at any of your facilities?
 - 8c1. If so, did it work as planned?
 - 8c2. Please describe the incident and response.
9. How would this building be secured?

- 9a. Will emergency services be able to easily access the building 24/7?
- 9b. Have emergency services ever had an issue with ease of access in the past?

10. Who is your security advisor?

- 10a. May we meet with the company?
- 10b. Do you employ private security guards?
 - 10b1. Are they armed?
- 10c. How do you determine the amount of private security staff?
- 10d. Do you use exterior camera surveillance?
 - 10d1. If yes, how long is the footage retained?
 - 10d2. Does staff at the location have immediate, on-site retrieval access of any surveillance footage?
- 10e. Are you asking to put a fence around the property? If so, what kind of fence?

11. What does your EMS plan entail?

- 11a. Do you have a contract with a private ambulance service?
- 11b. Will you be retaining private contract ambulance services for Itasca?
- 11c. Can you give us a five-year lookback on emergency or EMS calls on your facilities?

12. Are people using your facility allowed to leave?

- 12a. Do you expect law enforcement to assist in recovering an AWOL resident?
- 12b. Has this happened in the past, if so, how many times in the last 5 years?
- 12c. What type of support services do you provide for a patient who wishes to leave early?

13. How do you work with local municipalities for emergency services?

14. What type of internal medical staffing to you intend to have?

- 14a. What types of medical emergencies can be treated at the facility?
- 14b. If there is a medical emergency for a patient or staff member, what resources do you expect Itasca to provide?

15. How did you come up with the Itasca location?

16. How many jobs do you expect to provide?

- 16a. What types of jobs will be available?
- 16b. How do you hire?
- 16c. Will you be moving people from other facilities to this proposed site?

17. How do you run as a treatment facility?

- 17a. What is your management structure?
17b. How many of your staff have medical degrees?
17b1. What degrees?

18. You are interested in moving into Itasca, how is Haymarket going to become a part of our community?

- 18a. Do you have community outreach programs in place at other facilities?
18b. What does your corporate social responsibility plan offer for Itasca?

19. Who do you think is going to help Itasca fund for public safety services needed by Haymarket?

HAYMARKET DUPAGE RESPONSE TO VILLAGE OF ITASCA QUESTIONS FOR HAYMARKET

Haymarket DuPage (“Haymarket”) has applied for zoning approval to permit a health care center at 860 W. Irving Park Road, Itasca. As is well known by now, Haymarket Center is one of the region’s largest and most comprehensive providers of treatment for substance use disorders and mental health conditions. Haymarket was founded in 1975 by Monsignor Ignatius McDermott and Dr. James West, and is a fully accredited, nonprofit organization, licensed by the Illinois Department of Human Services. Haymarket plans to provide a full continuum of health care services to adults aged 18 and older at the Itasca location. Services will include diagnosis, treatment and recovery support for persons disabled by substance use and mental health disorders, who voluntarily seek care. Treatment provided is planned to include inpatient, outpatient and recovery programs.

Haymarket intends to be a good neighbor in the Itasca community, and while much of the information requested has no bearing on the Village’s zoning standards, Haymarket provides the following answers to the Village’s questions.

1. How many people do you expect to treat in the new facility?

Haymarket is expecting to provide substance use and mental health treatment to approximately 4,750 patients a year through all of its treatment and recovery programs, including outpatient programs. Nearly 2,000 men and women from DuPage and the collar counties were patients at Haymarket clinics in 2017-2018.

- a) **How many do you treat downtown?**
The Haymarket West Loop facility provided treatment to 12,000 patients in 2018.
- b) **How many do you treat in Uptown?**
The Haymarket Uptown Facility provided treatment to 151 patients in 2018.
- c) **How many do you treat in Lake County?**
The Haymarket Lake County facility provided treatment to 111 patients in 2018.
- d) **Describe the nature of each treatment facility.**
Haymarket’s West Loop facility provides:
 - Evidence-based comprehensive interventions
 - Medication Assisted Treatment (MAT)
 - Psychiatry & Counseling

- Recovery Stay
- Child Care
- Parenting Classes
- Partnerships that assure care coordination
- GED Courses & Job Placement

Haymarket Uptown and O'Hare are outreach programs, in which Haymarket personnel work within the community to identify individuals in need of substance use and/or mental health care, and assist them in locating services to meet their individual needs.

Haymarket's Lake County facility provides outpatient treatment designed to provide individuals treatment services to help each client achieve permanent changes in their substance use and mental health behaviors.

2. What amount of time does a resident spend with the facility?

The amount of time each patient/client is provided health care services at each facility is dependent on individual needs through a medical assessment that meets the criteria of the American Society of Addiction Medicine.

- In-patient treatment may range from 14 days to 90 days, based on individual need, with a typical stay around 23 days.
- Recovery stays may range from one month to 12 months, with a typical stay of around 90 days.
- Patients will most often begin the recovery stay phase of their continuum of care with participation in intensive outpatient, which typically lasts six weeks, and/or standard outpatient, which typically lasts four weeks.

a) Do you offer outpatient programs?

Yes. Haymarket will offer outpatient programs in Itasca, similar to those provided at the West Loop Facility.

b) Describe the amount of daily traffic (vehicle/foot) at your facilities?

Haymarket has provided a traffic study as part of its application for zoning. Please refer to that study.

Traffic with outpatient patients: we expect to treat about 150 patients per month on an outpatient basis. Approximately two-thirds (or 100) of these patients will be staying in recovery programming, and therefore will bring no traffic to or from the facility. About one-third (or 50) may come to the facility.

Traffic due to recovery home patients: the majority of the recovery home patients are restricted from having a car on site. Some exceptions are made

based on patient need and administrative approval. Most often these patients begin their stay involved in intensive outpatient or standard outpatient programming and will have little traffic to or from the facility. Once they complete outpatient programming, they may be leaving during the day to interview for jobs or attend job training programs. This will involve one or two trips to and from the facility.

Traffic due to visitors: Typically, around 30% of recovery patients may have a weekly visit from a family member.

3. How do you accept those that need treatment?

Upon a patient's arrival, Haymarket follows its central intake procedure, which includes the conduct of a comprehensive medical and global appraisal of individual needs (G.A.I.N.). Intake also includes a background check on each patient to ensure that we do not admit any individual with a violence charge or a sexual offense in their background.

a) Where do patients come from?

Haymarket patients will be residents of DuPage and nearby communities who are adults, age 18 and older. They may be your neighbors, friends, co-workers and even someone you love. They come in seeking treatment, or are brought to treatment by friends and family and others concerned with their health and wanting to ensure provision of health care services to meet their individual needs.

Patients are also referred by hospitals, educational institutions, first responders, company and EAP programs.

b) Are DuPage residents going to have priority?

Haymarket DuPage will be a facility for residents of DuPage County and surrounding communities. However, as a well-recognized treatment provider, Haymarket adheres to federal and state regulations providing for preference in admission. For example, substance users who are pregnant and in need of treatment are required to be provided preference in admission. Haymarket currently provides immediate access to care for those who seek it. There is no wait list, and no need to prioritize one individual over another.

c) Will you take overflow from your other locations?

No. The need in DuPage County and surrounding communities is such that the health center facility is not planned to serve as an overflow facility.

d) How many of your residents are in court ordered programs?

Less than 1% of Haymarket's patients are required by court order to participate in substance use disorder treatments. Haymarket Center is a

voluntary facility for over 99% of its patients. Haymarket Center in the West Loop has a DUI program that contains 21 patients who are court ordered for treatment.

e) **Do you accept early diversion treatment residents?**

Yes, Haymarket Center works with many problem-solving courts which have a variety of eligibility criteria for participation in Cook, Lake, and DuPage Counties. In common are drug-related charges and/or other non-violent charges in which the person is screened to have a substance use disorder. All problem-solving courts maintain supervision over their participants and maintain close communication with Haymarket staff about treatment progress.

No patients with violent backgrounds or sexual offenses are allowed in Haymarket Center programs.

4. Who pays for that treatment?

Haymarket is a nonprofit organization, whose mission is to provide health care services to all patients, regardless of ability to pay. Haymarket accepts all forms of commercial insurance and Medicaid is accepted.

5. Where does your funding come from?

Haymarket Center is a non-profit that has maintained financial stability for 45 years and is compliant with all non-profit federal and state rules and regulations. Funding comes from federal, state, other governmental entities, foundation, private insurance and private donation sources.

6. How is your funding structured?

Funding is provided through patient care revenue, contracts, contributions and philanthropy.

a) **How long do you project Haymarket to have a stable funding source?**

Indefinitely.

7. You only have a 2017 Annual Report on your website.

a) **Where is your 2018 Annual Report?**

The 2018/2019 annual report is in process.

b) **When can we expect to see a 2019 Annual Report?**

The 2018/2019 annual report is expected to be completed by the end of the current calendar year.

- c) **From the 2017 Annual Report, 11% denotes Supporting Services. What are those?**
- Case management
 - Recovery coaching
 - Addressing the social determinates of health

8. What does your security plan look like (internally and externally)?

Haymarket Center does have a security plan, which was developed in-house and through security consultants and is overseen by the Administration. A security plan is inherently to protect those in the health facility and to maintain security of the building's exterior. A security plan is in place and executed procedurally but not shared with the public which would in fact reduce its effectiveness.

9. How would this building be secured?

Similar to hospitals and other health care facilities, the building will be secured 24/7 and Haymarket will have trained security at all times. Security staff is not armed, but they—and all other staff—are trained in non-violent crisis intervention mental health first aide. Haymarket also intends to have video surveillance of the interior and exterior of the health center facility, which is monitored by our security staff in real time and footage is maintained for one- to three-week periods.

a) **Will emergency services be able to easily access the building 24/7?**

Yes.

b) **Have emergency services ever had an issue with ease of access in the past?**

No. Haymarket does not contemplate any issues with ease of access to the Itasca facility.

10. Who is your security advisor?

Security at each Haymarket facility is managed by both our Director of Facilities and our Vice President.

a) **May we meet with the company?**

Haymarket representatives are available to meet with the Village to discuss security relative to the Itasca facility.

b) **Do you employ private security guards?**

Haymarket will employ trained security staff. Haymarket does not contract for private outside security service.

b1) Are they armed?

Security staff is not armed.

c) How do you determine the amount of private security staff?

We do not employ private security staff.

d) Do you use exterior camera surveillance?

Yes.

d1) If yes, how long is the footage retained?

See answer #9.

d2) Does staff at the location have immediate, on-site retrieval access of any surveillance footage?

Yes.

e) Are you asking to put a fence around the property? If so, what kind of fence?

No.

11. What does your EMS plan entail?

Haymarket's EMS plan will be tailored to the needs of the Itasca facility, predicated on best management practices.

a) Do you have a contract with a private ambulance service?

Haymarket intends to contract with a private ambulance service for the Itasca health center facility.

b) Will you be retaining private contract ambulance services for Itasca?

Yes.

c) Can you give us a five-year lookback on emergency or EMS calls on your facilities?

Yes. This information is being analyzed and will be made it available on the Village of Itasca and Haymarket DuPage web sites.

Each health care facility is different in terms of size, location and demographic population served. As such, any information relative to emergency calls at any other facility would not be relevant to the proposed Itasca health center facility, and is not relevant to the zoning application pending. Notwithstanding, Haymarket is committed to a high level of patient/client care and will secure an emergency response at any of its facilities when such care is deemed required

for the safety and well-being of any patient, client, staff member or private visitor on site.

12. Are people using your facility allowed to leave?

Yes. The Itasca health center facility is proposed to provide both in-patient and outpatient treatment programs, therefore, certain patients will not remain on premises at all times.

Residential: These patients are not permitted to leave facility except when it is medically necessary. These patients will be accompanied by a staff member.

Recovery Stay Patients: Those participating in in-patient recovery home programs are permitted to leave for specific reasons as approved by staff, for example, work, medical treatments and educational programs. Leave of this nature is prescribed, detailed and monitored by case workers and/or other treatment staff. All patients are required to provide random urine samples 2 times per week and following any external appointments.

a) Do you expect law enforcement to assist in recovering an AWOL resident?

No. Haymarket has never used law enforcement to assist with patients who leave against staff advice. Haymarket will transport patients from the health care facility in the event a patient chooses to leave the facility.

b) Has this happened in the past, if so, how many times in the last 5 years?

No. This has never happened.

c) What type of support services do you provide for a patient who wishes to leave early?

- Recovery coaching
- Clinical intervention
- Transportation
- Case management

13. How do you work with local municipalities for emergency services?

Haymarket Center's treatment programs are located in Chicago's West Loop and in Waukegan. In Waukegan, our office is in the Lake County Probation Department. Haymarket is in constant communication with the Lake County Probation Department and follows all regulations and protocols for their facility. In Chicago, Haymarket's utilization of emergency services has never been called into question. If a call for emergency services has been placed, Haymarket security staff meet the emergency services team outside the building and provide clear directions and escort EMTs to where they are needed.

In Itasca, Haymarket Center will be contracting with a private ambulance service to answer any emergency calls prior to contacting the Village's first responders. In addition, Haymarket Center proposes to meet with the Village and first responders to have direct input in developing a mutually acceptable plan.

14. What type of internal medical staffing do you intend to have?

Haymarket will hire medical professionals typical of a health center facility of its nature: a clinical director, counselor, nurses, nurse practitioners, licensed practical nurses, case workers, recovery workers, and social workers.

a) What types of medical emergencies can be treated at the facility?

With a full time medical staff, Haymarket staff is trained to respond to a full range of medical emergencies such as asthma attacks, seizures, spikes in blood pressure. However, should the need arise, Haymarket will refer cases involving life-threatening conditions such as heart attacks to our contracted ambulance services.

b) If there is a medical emergency for a patient or staff member, what resources do you expect Itasca to provide?

Those similar to what Itasca provides to any other resident or business facing a medical emergency, other than as can be responded to by private ambulance care.

15. How did you come up with the Itasca location?

The demand for our services continues to rise due to an increase in opioid fatalities and overdose reversals in DuPage County. In 2017-2018, nearly 2,000 men and women from DuPage and the collar counties were patients at Haymarket clinics. There is a need for Haymarket's services in this area. The Holiday Inn was identified as a location that might be available. The existing hotel is easily converted to a health center use, common to other older hotel/hospital conversions in other states. Haymarket learned that it had previously been for sale as a hotel and received no offers. The owner plans to discontinue it as a Holiday Inn. Haymarket learned that the site is zoned B-2 where healthcare facilities are allowed by the Village of Itasca as special uses. It is not adjacent to any residential neighborhood and is immediately south of an industrially zoned area. The site is located in a business park with ample parking, surrounded by major highways. Its surrounding green space is consistent with a health center facility.

16. How many jobs do you expect to provide?

The Haymarket health center facility will triple the number of full-time jobs at that location, to more than 160.

a) What types of jobs will be available?

Haymarket Center expects the following types of jobs to be available: a Clinical Director, Medical Director, Psychiatrists, Facility Director, Facility Supervisor, Licensed Clinical Professional Counselors, Licensed Practical Nurses, Nurse Practitioners, an Information Technology Specialist, a Human Resource Specialist, Case Managers, Case Aides, Counselors, Admissions Specialists, Maintenance Personnel, Housekeeping Personnel, Security Personnel and a site Executive Administrator.

b) How do you hire?

Haymarket posts its open positions on-line, and accepts walk in applications as do other employers. Haymarket also partners with other agencies for qualified applicants.

c) Will you be moving people from other facilities to this proposed site?

No. However, if existing staff is interested in working at the Itasca health center facility and it is in the best interest of the employee and management, consideration will be given to granting such relocation request.

17. How do you run as a treatment facility?

Haymarket Center brings hope to individuals and families who are suffering personally or through a loved one, friend or community member, with substance use issues or mental health problems. Through a range of specialized in-patient, out-patient and other programs, Haymarket provides exceptional care. The Itasca health center facility will provide a range of medical and clinical services, and will be licensed by the Illinois Department of Human Services to provide:

- Assessment/diagnosis
- Crisis stabilization, with stays up to seven days. Crisis stabilization will be staffed with licensed clinical staff and a registered nurse or licensed practical nurse at least 40 hours per week and with additional staff 24 hours per day, seven days per week, 365 days per year.
- Medically monitored withdrawal management (detoxification) with usual stays of three to five days. Withdrawal management units are staffed with nurse practitioners or physician assistants, registered nurses and/or licensed practical nurses 24 hours per day, seven days per week, 365 days per year. Additional staff include Illinois Certification Board-certified counselors.
- Clinically managed high-intensity in-patient substance use disorders treatment, with separate programs for men and women. This program will have usual lengths of stay, depending on the specialized program, of up to 7, 14, 28 or 90 days. In-patient substance use disorder programs are staffed with registered nurses or licensed practical nurses and Illinois Certification Board-Certified or

licensed counselors at least 40 hours per week and with additional program staff 24 hours per day, seven days per week, 365 days per year.

- Outpatient substance use disorders treatment. Outpatient programs are staffed with Illinois Certification Board-certified or licensed counselors, as well as with case managers.
- Recovery stay program with separate programs for men and women. Recovery home stays will usually be 90 days but may be up to 365 days. Recovery Homes, as defined by Title 77 Illinois Administrative Code Rule 2060, as “alcohol and drug free housing components whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another license facility.” Rule 2060 requires Recovery Homes to have certified staff and structure including at least five group sessions per week. Certified staff will be on the unit 24 hours per day, seven days per week, 365 days per year. Recovery patients will provide weekly schedules and inform staff of all movement external to the health center facility and sign in and out when they enter or leave the Recovery Home.

a) What is your management structure?

Haymarket Center is a non-for profit organization with a volunteer unpaid Board of Directors. The Board directs the work of the leadership team which is headed by President and Chief Executive Officer Dan Lustig, PsyD, CAADC, MISA II. He and the leadership team members direct the work of all other Haymarket employees.

b) How many of your staff have medical degrees?

Pertinent to the Itasca health center facility, Haymarket will engage the required number of medical degreed, licensed and/or State certificated employees to satisfy State licensing requirements and best management practices.

b1) What degrees?

Medical Doctors, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants.

18. You are interested in moving into Itasca, how is Haymarket going to become a part of our community?

Haymarket is committed to being a good neighbor in Itasca and a strong community partner. Haymarket pledges to support community events in Itasca, offer educational and training programs, partner with first responders and identify grant opportunities that bring additional financial support to the community.

a) **Do you have community outreach programs in place at other facilities?**

Yes.

b) **What does your corporate social responsibility plan offer for Itasca?**

In all of our existing locations where possible Haymarket Center employs environmentally sustainable products and practices in our operations. In addition, we support philanthropic giving, volunteering training and educational programs and outreach. We will employ those same concepts in Itasca.

19. Who do you think is going to help Itasca fund for public safety services needed by Haymarket?

While Haymarket is cognizant of the fact that funding for public safety is derived from property taxes, which Haymarket will not pay as a non-profit property owner, Haymarket currently intends to contract with a private ambulance service to offset any burden on Itasca, and it is open to continuing to discuss the Village's financial concerns. More importantly, Haymarket is firmly committed to bringing to Itasca a much-needed health center facility, which will support the treatment needs of residents in DuPage County and neighboring communities. Haymarket Center intends to bring a positive economic benefit to the Village by partnering on grant opportunities, employing more than double the existing employee population at the planned site and purchasing (when available) local goods and services.

