



Application for Public Hearing SPECIAL USE PERMITS

YOU MUST PROVIDE THE FOLLOWING INFORMATION: IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA PAGES TO THE PETITION.

Name of Business (If applicable): MASSAGE BY BOBBIE

Address/Location of Property in Question: 6955 W. NORTH AVE # 204

Property Identification Number(s)(PIN): _____

Name of Property Owner(s): _____

Address of Property Owner(s): _____

E-Mail of Property Owner(s): _____ Phone: _____

If Land Trust, name(s) of all beneficial owners: (A Certificate of Trust must be filed.) _____

Name of Applicant(s): BOGUMILA PAWLUCKA

Applicant's Address: _____

Applicant's Phone Number: _____ Mail: _____

Other: _____

Project Contact: (if Different than Applicant) _____

Contact's Address: _____

Contact's Phone Number: _____ E-Mail: _____

Other: _____

Property Interest of Applicant: ☐ Owner ☐ Legal Representative ☐ Contract Purchaser ☐ Other

(If Other - Describe): LEASE

Existing Zoning: _____ Describe Proposal: _____

Size of Parcel (from Plat of Survey): _____ Square Feet

Adjacent:	Zoning Districts	Land Uses
To the North:	_____	_____
To the South:	_____	_____
To the East:	_____	_____
To the West:	_____	_____

How the property in question is currently improved?

☐ Residential ☒ Non-Residential ☐ Mixed Use ☐ OTHER: _____

Describe Improvement: _____

Is the property in question currently in violation of the Zoning Ordinance? _____ Yes ☒ No

If Yes, how? _____

Is the property in question presently subject to a Special Use Permit? ☒ Yes _____ No

If Yes, how? Requesting Use for MASSAGE THERAPY

If Yes, please provide relevant Ordinance No.'s _____

Is the subject property located within any Historic District? _____ Yes ☒ No

If Yes: ☐ Frank Lloyd Wright ☐ Ridgeland/Oak Park ☐ Gunderson

From what Section(s) of the Zoning Ordinance are you requesting approval / relief?

Article: _____ Section: _____

Article: _____ Section: _____

Article: _____ Section: _____

Explain why, in your opinion, the grant of this request will be in harmony with the neighborhood and not contrary to the intent and purpose of the Zoning Ordinance or Comprehensive Plan;

IT WILL HELP TO IMPROVE HEALTH OF COMMUNITY
MEMBERS, OFFER SERVICES PROVIDED BY LICENSED
PROFESSIONAL

I (we) certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

I (we) consent to the entry in or upon the premises described in this application by any authorized official of the Village of Oak Park for the purpose of securing information, posting, maintaining and removing such notices as may be required by law.

BOGUMILA PAWLUCKA

(Printed Name) Applicant

Bogumila Pawlucka

(Signature) Applicant

07.27.25

Date

ARTHUR PAWIS

(Printed Name) Owner

POA For JACK STRAND

10/21/25

Date

Owner's Signature must be notarized

SUBSCRIBED AND SWORN TO BEFORE ME THIS

21 DAY OF Oct 2025

[Signature]
(Notary Public)



Affidavit of Ownership

COUNTY OF Cook)
) SS

STATE OF ILLINOIS)

I, ARTHUR ARIS POA For JACK STRANO, under oath, state that I
am
(Print Name)

the sole owner of the property

an owner of the property

an authorized officer for the owner of the property

Commonly described as:

6955 W NORTH Ave.

and that such property is owned by JACK STRANO POA ARTHUR ARIS as of
this date.

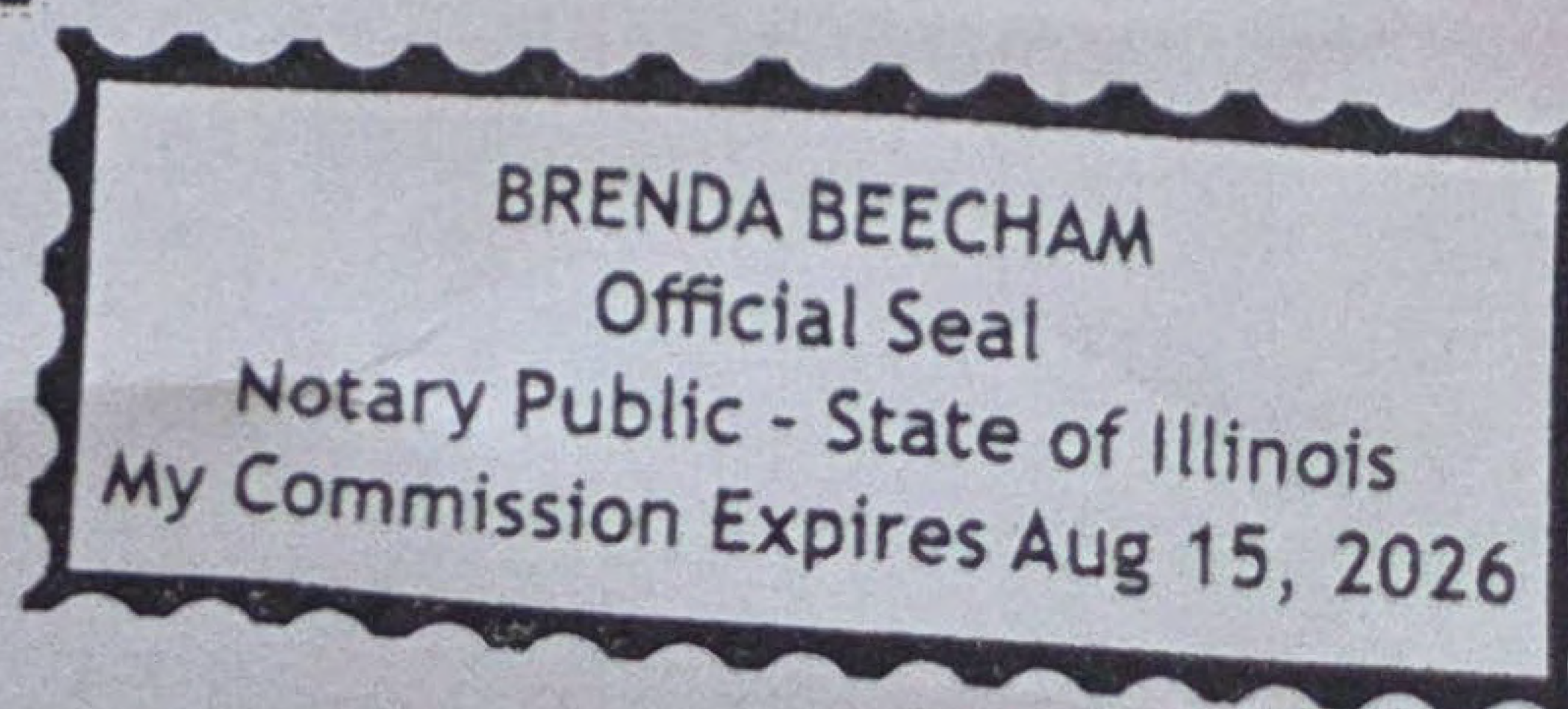
(Print Name / Company)

(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

21 DAY OF Oct, 2025

(Signature)
(Notary Public)



From: [REDACTED]
To: [Bernhart, Robert](#)
Subject: Re: 6955 North Avenue - Special Use Permit
Date: Wednesday, September 16, 2026 10:56:49 PM
Attachments: [image001.png](#)

Caution! This message was sent from outside your organization.

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1. The establishment, maintenance, and operation of the proposed special use will not endanger the public health, safety, or welfare
 - the proposed massage therapy establishment will not endanger the public health, safety, or welfare of the Village of Oak Park. It will operate as a professional, licensed wellness facility that strictly adheres to all local, state and professional standards. Compliance is insured through the following measures:
 - Professional licensing - all massage therapists employed at this location will hold active licenses from IDFPR and will fully comply with the Illinois Licensing Massage Act.
 - local ordinance compliance - the business will strictly adhere to Chapter 16 of the Oak Park Village Code, maintaining all required local business licenses and permits
 - Sanitation and Hygiene: the studio will follow rigorous sanitation protocols. This includes disinfecting tables and equipment between clients, using laundered linens, and maintaining a clean environment that meets local public health codes.
 - Safety and Security: the premises will feature adequate lighting, clear emergency exits and professional signage. Operations will be conducted during standard business hours, ensuring a quiet, safe, low impact footprint on the surrounding neighborhood.
2. The proposed special use is compatible with the general land use of adjacent properties and other property with the immediate vicinity - the proposed massage studio is highly compatible with the adjacent properties, which are medical offices, hair salons, boutiques, gyms, coffee shops and chiropractic office few doors down, it will bring more customers to support neighboring storefronts.
3. The special use in the specific location is consistent with the spirit and intent of this Ordinance and adopted land use policies.
 - Yes, the special use in the specific location is consistent with the spirit and intent of this Ordinance and adopted land use policies.
4. The special use conforms to the regulations of the zoning district in which it is to be located
 - Yes, the special use conforms to the regulations of the zoning district in which it is to be located.

Bobbie Pawlucka

[REDACTED]

Bobbie Pawlucka



Zoning Board of Appeals, Village of Oak Park

123 Madison St., Oak Park, IL 60302

Application for Special Use Permit for a Massage Therapy Studio

At 6955 W. North Ave, #204 Oak Park, IL 60302

Dear Members of Zoning Board of Appeal:

I am writing to request a Special Use Permit to operate a professional massage therapy studio – Healing Massage Studio at the property located at

6955 W. North Ave #204, Oak Park, IL 60302.

As a licensed massage therapist in the state of Illinois, my goal is to provide high-quality, wellness-focused therapeutic services to the residents of our Village. Massage therapy is an essential component of holistic health, aiding in stress reduction, pain management and overall community well-being.

I believe this business will be an excellent asset to the neighborhood and will comply with the Village's standards in a following ways:

- Low impact operations: the studio will operate primarily by appointment only, ensuring a controlled, quiet environment with no disruption to neighboring properties

-

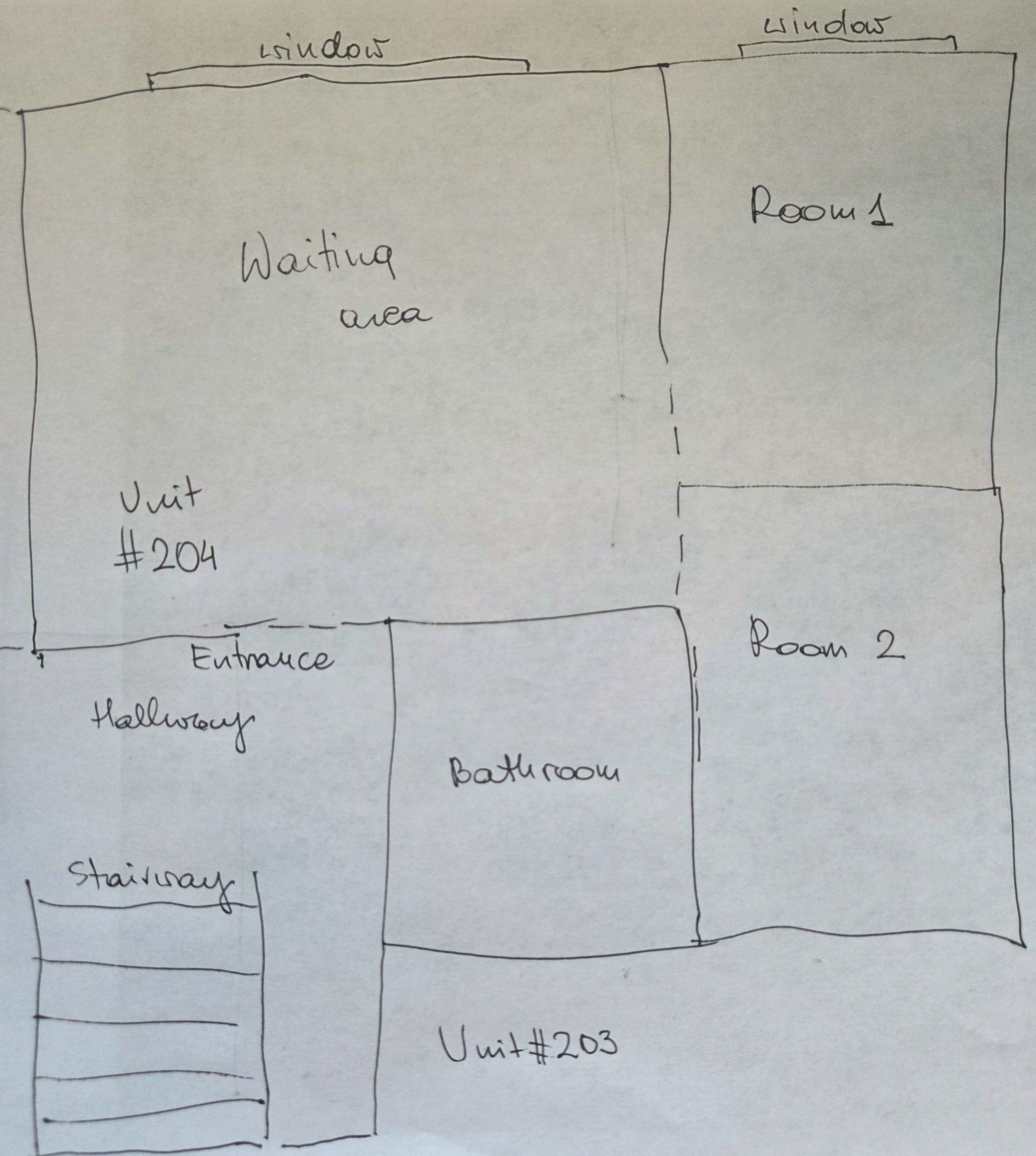
-
- Traffic and parking: because clients are seen on an individual basis, there will be a minimal traffic generation. Adequate parking is available on side streets and along North Ave. to accommodate clients without impacting local traffic.
- Compliance and Professionalism: the business will strictly adhere to all local building codes, health department regulations and state licensing requirements.
- There will be no exterior modifications other than standard, permitted business signage
- Community benefits: this studio will fill a need for wellness services in the area, bringing health-conscious patrons to the district and supporting local economy

The proposed operating hours will be 11am -5pm.

Thank you for your time, consideration and dedication to the growth and well-being of our Village. I welcome the opportunity to discuss this request further at the upcoming public hearing and to answer any questions you may have.

Sincerely,

Bobbie Pawlucka, LMT









State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
227.001828

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

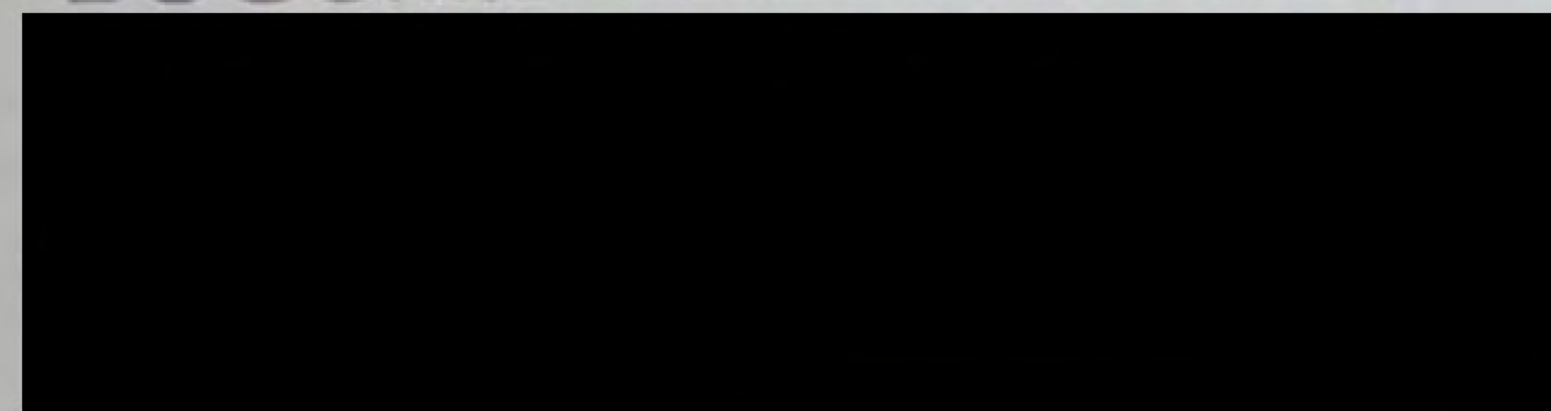
EXPIRES:

12/31/2026

LICENSED MASSAGE THERAPIST



BOGUMILA Z PAWLUCKA



MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

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