



**WESTLAKE CONDITIONAL USE PERMIT APPLICATION**

All sections of this application must be completed

Name of Applicant\Business requesting CUP: WESTBROOK NURSING LLC

Name of Applicant\Business Owner requesting CUP: BENTZION FRIEDMAN

Address of Applicant\Business Owner: \_\_\_\_\_  
3018 W JARLATH ST, CHICAGO, IL 60645

Telephone: 619-793-9414 Email: bfriedman15@yahoo.com

Name of Property Owner: WESTBROOK NURSING LLC

Address of Property Owner: 3018 W JARLATH ST, CHICAGO, IL 60645

Telephone: 619-793-9414 Email: bfriedman15@yahoo.com

Name of Representative: DANIEL RUBINOFF

Address of Representative: 152 W 57TH ST, 3RD FLOOR, NEW YORK, NY 10019

Telephone: 917-345-3447 Email: daniel.rubinoff@greyco.com

CUP Request: Convert from skilled nursing to assisted living.

Property address for CUP: 27601 Westchester Parkway, Westlake, OH 44145

*(if tenant space provide tenant address and/or suite number)*

Involving Parcel Nos.: 212-04-002; 212-04-048

*(must provide parcel number and zoning)*

Property zoned: Business: OB EOP SC GB IS RB AP HM ISF

Residential: R-1F-80 R-1F-Cluster R-2F-100 R-MF-40 R-MF-24 R-MF-15

Industrial: OL EI EOL Health Campus: HC Planned: PUD PO

Section of Code for CUP: 1211.34

*(provide code section listing use as CUP)*

Square foot area of building requested for CUP: 188,265

B. Friedman

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Signature of Property Owner **(required)**

Signature of Business Owner **(required)**

Submit completed application and any supplemental information to the Westlake Planning Department