



Oak Park

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): VIRTUAL HEALTH 78 + Wellness Center

Address/Location of Property in Question: 6142-6144 W. Roosevelt Rd #202-3 OAK PARK, IL

Property Identification Number(s)(PIN): _____

Name of Property Owner(s): Competition Bank + Trust Company (POA Arthur Paris)

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): Tatanisha Funches

Applicant's Address: _____

Applicant's Phone Number: _____

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 Holder Tenant

Existing Zoning: RR Roosevelt Road District Describe Proposal: _____

The applicant proposes to operate a small outpatient healthcare practice providing primary care and wellness services by appointment only. Services will include routine medical visits, preventive care, and chronic condition management. No overnight care will be provided. The practice will operate during limited business hours with low, daily patient volume.

Size of Parcel (from Plat of Survey): 100 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: Existing commercial
Describe Improvement: Building with office/medical suite
without structural changes

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? Medical clinic

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: 8.2, Table 8-1: Use Matrix

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;

The proposed use is a small scale, professional healthcare service
designed to operate in a manner that is low-impact, quiet, and compatible
with nearby residential and commercial uses. The practice will serve a
limited number of patients by appointment only, with no walk in traffic,
no extended hours, and no activities that would generate noise,
congestion, or disruption to the neighborhood. Healthcare and
professional office uses commonly recognized as appropriate
transitioned uses within mixed use or commercial districts
because they provide essential community services while maintaining
a subdued operative footprint.

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.

Tatanisha Funches



Date 1/27/2026

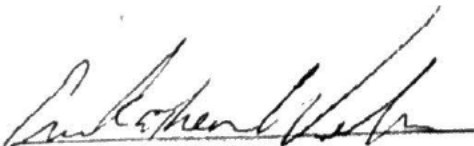
Arthur Paris POA Tree Stand

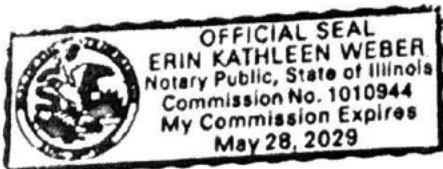


Date 1/21/26

Owner's Signature must be notarized

SUBSCRIBED AND SWORN TO BEFORE ME THIS
21st DAY OF January, 2026


(Notary Public)



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.

Tatanisha Funches

(Printed Name) Applicant

[Signature]
(Signature) Applicant

1/27/2026
Date

ARTHUR PARIS POA TREE STAND
(Printed Name) Owner

[Signature]
(Signature) Owner

1/21/26
Date

Owner's Signature must be notarized

SUBSCRIBED AND SWORN TO BEFORE ME THIS

21st DAY OF January, 2026

[Signature]
(Notary Public)



Updated August 2021

Special Use Permit Application - VirtualHealth 78 & Wellness Center

Property Address: 6142-6144 W Roosevelt Rd, Suite 202-3, Oak Park, IL 60304

Zoning District: RR - Roosevelt Road District

Applicant Information

Name: Tatanisha Funches, APRN, FNP-C

Business Name: VirtualHealth 78 & Wellness Center

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Property Owner Information

Owner: Cosmopolitan Bank & Trust Company as Trustee under Trust Agreement No. 30630 dated 6/10/1997

POA/Representative: Arthur Paris for Jack Strand

Address: [REDACTED]

Property Details

Present Use of Property: Medical clinic

Proposed Special Use: Primary care and weight-loss wellness clinic offering in-person and telehealth services.

Legal Description: See attached property deed or assessor's legal description.

Permanent Index Number (PIN): To be provided

Size of Parcel: Approximately 100 sq ft (leased suite area)

Operational Description

Description of Proposed Use:

The proposed use is a small primary care and weight-loss wellness clinic providing both in-person and telehealth visits.

Services include adult wellness exams, chronic condition management, lifestyle counseling, and medically supervised

weight-loss programs. The clinic will initially operate one day per week (Thursday) and gradually expand to

Special Use Permit Application - VirtualHealth 78 & Wellness Center

four days per

week plus one Saturday per month. Limited medication samples (e.g., Jardiance, Rybelsus, Ozempic, Airsupra) will be

securely stored for patient education purposes.

Number of Employees: Two - Nurse Practitioner (owner) and one part-time medical assistant.

Hours of Operation: Thursdays 9:00 AM - 4:00 PM; occasional Friday evenings 5:00 PM - 7:00 PM based on patient demand.

Parking Spaces Provided: 1 designated space.

Facility Details

Exterior Changes: No structural or exterior changes planned. Leased suite used as is with minor painting and flooring updates.

Hazardous Materials/Waste: No hazardous materials or waste. Standard medical supplies and sharps disposal per OSHA guidelines.

Signage: No exterior signage or windows. A small door decal will display the business name, logo, and hours of operation.

Noise/Vibration/Emissions: None produced.

Utilities: No significant increase in utility demand; standard use of electricity and water. All lab testing off premises.

Health & Safety Safeguards

All medical operations will comply with OSHA and HIPAA standards.

Patient privacy will be maintained at all times.

Sharps and medical waste will be disposed of per state regulations through an approved vendor.

No controlled substances will be stored on site.

Facility access and emergency exits will remain unobstructed and ADA compliant.

Compliance & Zoning Findings

Public Health & Safety: The proposed clinic promotes community wellness and operates under professional standards

Special Use Permit Application - VirtualHealth 78 & Wellness Center

that minimize risk to public health and safety. No hazardous materials or disruptive activities will occur.

Compatibility: The clinic is consistent with existing commercial and professional uses along Roosevelt Road and

maintains a low-impact, professional environment.

Consistency with Zoning Intent: The use supports Oak Park's zoning and land use policies by providing a local health

and wellness service within the Roosevelt Road corridor.

Conformance: The clinic meets all RR District requirements for professional medical office uses and operates entirely

within the existing suite without structural changes.

Applicant Certification

Applicant's Name: Tatanisha Funches, APRN, FNP-C

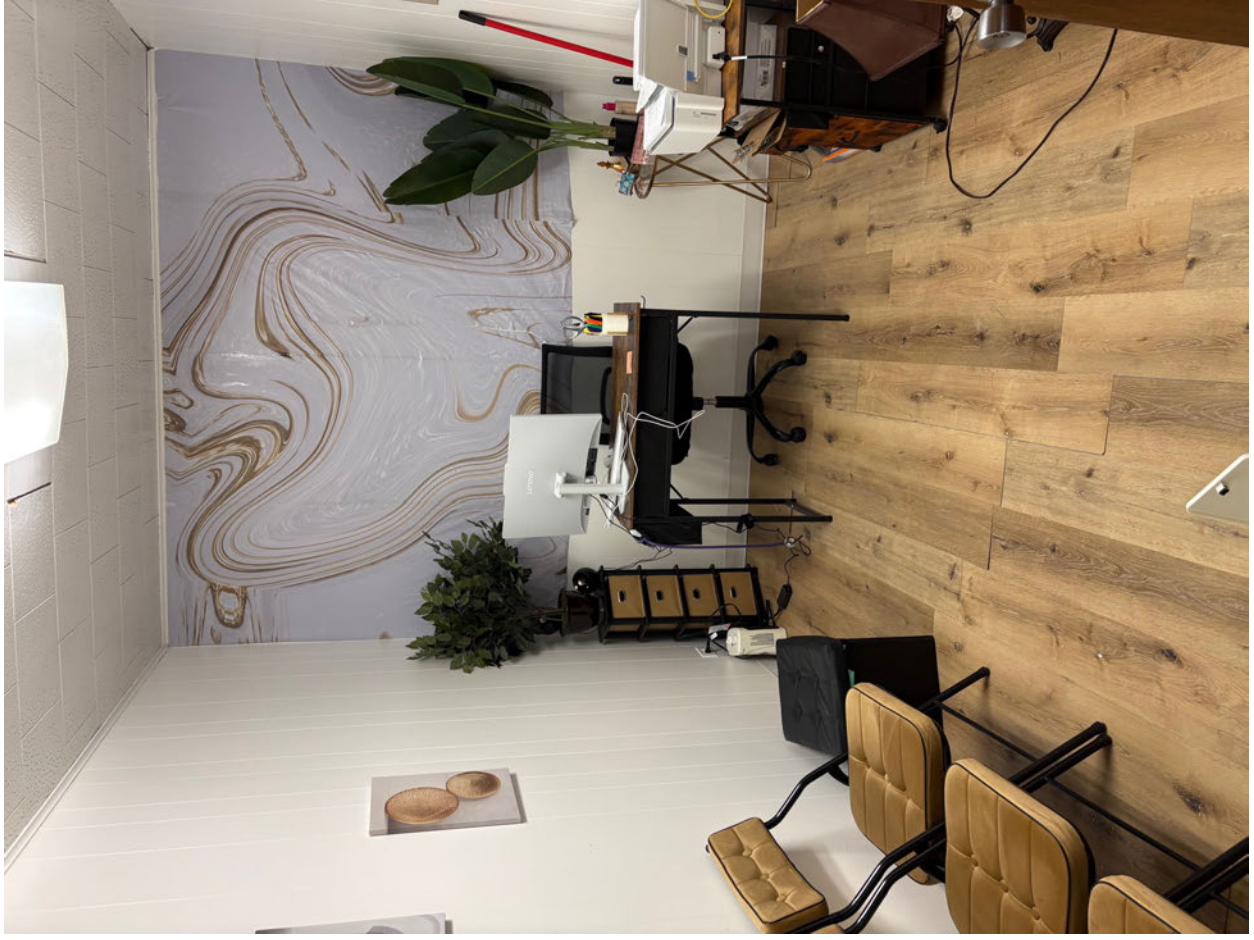
Business Name: VirtualHealth 78 & Wellness Center

Signature: _____  _____

Date: _____

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To: [\[redacted\]](#)
Subject: [\[redacted\]](#)
Date: [\[redacted\]](#)

Caution! This message was sent from outside your organization.









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E. Approval Standards – Applicant Response

1. Impact on neighborhood / public health, safety, welfare

The proposed special use will not have a substantial or undue adverse impact on the surrounding neighborhood or endanger public health, safety, or welfare. The practice will operate by appointment only with limited daily patient volume, minimal staff, and no overnight activity. Services provided are routine outpatient medical services conducted in a professional office setting, generating low noise, minimal traffic, and no nuisance conditions.

2. Compatibility with adjacent properties

The proposed special use is compatible with the general land use of adjacent properties and others within the immediate vicinity. The subject property is located in a commercial building with existing professional and office uses. The proposed medical office use is consistent with surrounding commercial activities and will not alter the character of the area.

3. Consistency with Ordinance and Comprehensive Plan

The proposed special use is consistent with the spirit and intent of the Zoning Ordinance, adopted land use policies, and the Village's Comprehensive Plan. The use supports community access to outpatient healthcare services while maintaining appropriate land use compatibility within a commercial zoning district.

4. Compliance with Ordinance requirements

The proposed special use meets all applicable requirements for such classification under the Zoning Ordinance. The applicant will comply with all local, state, and federal regulations, including licensing, building, health, and safety requirements.