



12 South Center Street
Bensenville, IL 60106

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Fax: 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

July 27, 2017

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Ms. Lynda Miller
Sheet Metal Werks, Inc.
455 East Algonquin Road
Arlington Heights, Illinois 60005

Re: July 26, 2017 FOIA Request

Dear Ms. Miller:

I am pleased to help you with your July 26, 2017 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on July 26, 2017. You requested copies of the items indicated below:

"Name and contact information for the General Contractor and HVAC Contractor for the project known as Brunner & Lay - 544 East Pine Ave."

After a search of Village files, the following documents are enclosed to fulfill your request:

- 1) Village of Bensenville Permit Application No. 7042. (1 pg.)

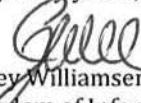
These are all of the documents that can be discovered responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: publicaccess@atg.state.il.us. You may also have a right of judicial review of the denial under Section 11 of FOIA, 5 ILCS 140/11.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,


Corey Williamsen
Freedom of Information Officer
Village of Bensenville

VILLAGE OF BENSENVILLE

NON-RESIDENTIAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.344912 S. CENTER STREET
BENSENVILLE, IL 60106

PERMIT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SITE ADDRESS	544 EAST PINE AVENUE	UNIT NUMBER	5.2
DESCRIPTION OF WORK 1	NEW OFFICE/ WAREHOUSE FACILITY	ZONING DISTRICT	03-13-327-014
DESCRIPTION OF WORK 2	10,172 S.F. SINGLE STORY MASONRY.	P.I.N. (Parcel Identification Number)	1,000,000.00
		ESTIMATED COST	

CONTRACTOR INFORMATION

GENERAL CONTRACTOR	LATORIA BROS. CONSTRUCTION	Email Address	LATORIACORP@SPCGLOBAL.NET	Day Time Phone	630-867-9800
Address	355 E. POTTER ST. WOODDALE IL 60191			City, State, & ZIP Code 630 250-	
LICENSED PLUMBING CONTRACTOR	LINO POLI PLUMBING	Email Address	CKOSTO@SPCGLOBAL.NET	Day Time Phone	8500
Address	1555 INDUSTRIAL DR. ITasca IL 60143			City, State, & ZIP Code	
LICENSED ELECTRICAL CONTRACTOR	ARROW-Flow CO.	Email Address	DE GETTER	Day Time Phone	
Address	845 DILLON DR. WOODDALE IL 60191			City, State, & ZIP Code	
LICENSED ROOFING CONTRACTOR	ARGO ROOFING CO.	Email Address	CHRIS@ARGO ROOFING.COM	Day Time Phone	7082272450
Address	8450 CORCORAN RD. WILLOW SPRINGS IL 60480			City, State, & ZIP Code	

OWNER & APPLICANT INFORMATION

No error or omission in either the plans or application shall relieve the applicant in having the work completed in any other manner than that which is in compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected, and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The Applicant shall be responsible for all fees associated with the instant permit, including but not limited to cancellation fees, plan review fees, and reinspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Applicant's Name (Print)	MIKE LATORIA	Applicant's Signature	5-23-17
Address	355 E. POTTER ST. WOODDALE IL 60191	City, State, & ZIP Code	630-207-9800
Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is the applicant's responsibility.			
I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinance for this permit.			
Property Owner's Name (Print)	JOE FANCHER	Property Value	5-23-17
Address	1510 N OLD MISSOURI RD P.O BOX 140 SPRINGDALE AR 72765	City, State, & ZIP Code	479-466-8943

Stormwater Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION NUMBER	7042
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BUILDING INFORMATION (PLEASE check all that apply)

<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Accessory
INTENDED USE:			
<input type="checkbox"/> Assembly / Restaurant	<input type="checkbox"/> Institutional / Medical	<input type="checkbox"/> Factory / Industrial	
<input type="checkbox"/> Mercantile / Retail	<input checked="" type="checkbox"/> Storage / Warehouse	<input type="checkbox"/> Business / Office	
<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Single Tenant Building	<input type="checkbox"/> Multiple Tenant Building	[# of Tenants _____]	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Existing Sprinkler System?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Full Building Coverage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	(% of coverage 100)
Name of Business on Site	Brunner & Lay		
Description of Operations	Heavy Equipment Parts Storage		
Existing Sq.Ft.	New Sq.Ft. 10,172	Total Sq.Ft. 10,172	

OFFICE USE ONLY

FEES:	MILESTONE DATES:	
ESCROW*	\$.00	Applied on:
APPLICATION	\$.00	Approved on:
PLAN REVIEW	\$.00	Issued on:
INSPECTIONS (X \$45)	\$.00	Expires on:
WATER CONNECTION	\$.00	
WATER METER	\$.00	
SEWER CONNECTION	\$.00	
FIRE METER	\$.00	
OTHER	\$.00	
TOTAL PERMIT FEE \$.00		Approved by:
*All failed inspections will be charged against the escrow at the standard inspection rates. After final approvals and occupancy have been issued, the remaining escrow will be refunded to the payee via first class mail. In the event the cost of failed inspections exceeds the escrow amount, no further inspections will be completed until an additional escrow has been received.		