



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

November 17, 2017

President
Frank DeSimone

Board of Trustees
Dosa Carmona
Ann Franz
Lupinszka "Annie" Jaworska
Melanie Lomas
Nicholas Panicola Jr.
Armando Perez

Village Clerk
Nancy Baier

Village Manager
Evan K. Summers

Mr. Ben Alonzo
Jacob & Hefner Associates, Inc.
1333 Butterfield Road, Suite 300
Downers Grove, Illinois 60515

Re: November 13, 2017 FOIA Request

Dear Mr. Alonzo:

I am pleased to help you with your November 13, 2017 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on November 13, 2017. You requested copies of the items indicated below:

"13 W. Brookwood St., 9 W. Brookwood St., 222 N. York Rd. and 220 N. York Rd."

After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Inspection No. 53848. (1 pg.)
- 2) Village of Bensenville Permit No. 050020. (14 pgs.)
- 3) Village of Bensenville Permit No. 040368. (2 pgs.)

These are all the records found responsive to your request.

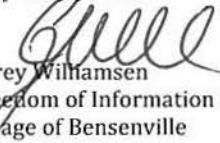
In regards to UST/AST; the Village of Bensenville is not in possession of any files. However, I would advise you to confirm no such records exist with the Illinois State Fire Marshall's Office.

Home addresses, home telephone numbers, etc. are "private information" under Section 2(c-5) of the FOIA, 5 ILCS 140/2(c-5), and therefore exempt from disclosure under Section 7(1)(b) of the FOIA, 5 ILCS 140/7(1)(b). Accordingly, they have been redacted from the information 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 the 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
INSPECTORIAL SERVICES**

12 South Center
Bensenville, IL 60106
630-350-3413 fax:630-350-3449

Type of Inspection: NON-RESIDENTIAL INSPECTION

CORRECTION NOTICE

Address: 13 BROOKWOOD Unit:

Business name: PALLET SERVICES, INC. Phone: [REDACTED]

Business Owner: PALLET SERVICES, INC. Address: 13 BROOKWOOD BENSENVILLE, IL

Inspection Date: 9/18/2017 Inspector: TOM KNIGHT

<u>Checklist #</u>	<u>Violation</u>	<u>Violation comment</u>
020E	REMOVE ALL RUBBISH OR GARBAGE	Remove all trash from the exterior of the property.
020H	IMPROPER OUTDOOR STORAGE	Pallets stored outdoors must be located away from the building as discussed. Pallet piles stored outside shall not be stacked taller than the height of the fence.

Additional Remarks/Comments:

Created from inspection 53840 on
08/18/2017 by 6523tkni

Reinspection 54585 created on 09/18/2017
by 6523tkni

THOSE ITEMS LISTED ABOVE ARE VIOLATIONS OF BENSENVILLE'S ADOPTED VILLAGE CODE AND/OR PROPERTY MAINTENANCE CODE. THIS IS YOUR WRITTEN "CORRECTION NOTICE". FAILURE TO CORRECT THE ABOVE LISTED VIOLATIONS WITHIN THE PRESCRIBED TIME CAN RESULT IN A FINE OF UP TO \$750 PER VIOLATION, PER DAY.

You are hereby notified to remedy the conditions as stated above within 14 days from the date of this order.

Neither this inspection nor any Certificate of Occupancy issued by the Village of Bensenville shall be considered a complete list of Code or Municipal Ordinances. Our inspection can be substantially limited by access available and stored items or furniture. Some occupancies may require inspections to be completed on individual systems such as heating appliances, roofing, structure or fire protection systems. If you have questions about this inspection, please call 630-350-3448.

DISCLAIMER: The Village of Bensenville does not warrant the condition of any property inspected and disclaims all liability for any claims arising out of the property or condition thereof.

Copy of this report received by/mailed to: _____

Inspector: Tom Knight Date: 9-18-2017

VILLAGE OF BENSENVILLE PERMIT APPLICATION

ALL PERMITS

SITE ADDRESS CANCUN MEXICAN RESTAURANT 720 YORKVILLE UNIT NO. IL
PIN NO. LOT NO. SUBDIVISION

INTENDED USE Single Family Residential Multi-Family Residential Assembly / Restaurant Business / Office
 Factory / Industrial Mercantile / Retail Storage / Warehouse Institutional / Medical Other

PERMIT TYPE New Const. Addition Alteration / Repair Accessory Structure Demolition Site Improvement

DESCRIPTION OF THE WORK NEW KITCHEN ST. STEEL HOOD VALUATION \$ 15,000.00

GENERAL CONTRACTOR MCH REFRIGERATION INC PHONE 847-256-3803

ADDRESS 6945 W DOBSON ST NILES IL 60714

PLUMBER _____ PHONE _____

ADDRESS _____

ELECTRICIAN _____ PHONE _____

ADDRESS _____

ROOFER _____ PHONE _____

ADDRESS _____

*File Closed By Inspector
Applicant Failed To Schedule
Final Inspection*

ALL PERMITS

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 Development. 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.

Juan M. Chavez JUAN M CHAVEZ 1-12-05
Applicant's Signature Applicant's Name (Print) Date
6945 W DOBSON ST NILES IL 60714 847-256-3803
Address
Correspondence and bond refunds can only be completed if the address of the applicant is kept current, this is the applicant's responsibility.
I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances for this permit.
Arturo Ramirez ARTURO RAMIREZ 1-12-05
Owner's Signature Owner's Name (Print) Date
220 YORKVILLE BENSENVILLE IL
Address
Day Time Phone

Department Of Community Development
Telephone (630) 350-3413

12 S. Center St. Bensenville, IL
Facsimile (630) 350-3449

PERMIT NUMBER

050020

MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE CANCUN MEXICAN RESTAURANT

DESCRIBE THE OPERATION OF THE BUSINESS

IS THERE ANYTHING HAZARDOUS IN THIS OPERATION? YES NO IF YES EXPLAIN

IS A FIRE ALARM SYSTEM IN PLACE? YES NO IS THE ENTIRE STRUCTURE PROTECTED? YES NO

IS A FIRE SPRINKLER SYSTEM IN PLACE? YES NO IS THE ENTIRE STRUCTURE PROTECTED? YES NO

IDENTIFY THE TYPE OF LAYOUT THIS BUILDING WILL HAVE. MULTIPLE UNITS ONLY ONE UNIT SPACE

WILL THERE BE ANY BUSINESS SUBLetting SPACE IN THIS BUILDING UNIT? YES NO

APPROXIMATE THE NUMBER OF OCCUPANTS FOR THE ENTIRE BUILDING _____ FOR THE UNIT. _____

TOTAL FLOOR AREA FOR THE ENTIRE BUILDING _____ Sq Ft TOTAL FLOOR AREA OF THE UNIT _____ Sq Ft

TOTAL NUMBER OF FLOORS _____ AREA OF THE SPACE BEING ALTERED AND/OR ADDED _____ Sq Ft

OFFICE USE ONLY

INTSUB	\$ <u>25.00</u>	WC	\$ <u>0.00</u>	TOTAL FEE	\$ <u>275.00</u>
INTSR	\$ <u>25.00</u>	WM	\$ <u>0.00</u>	APP. FEE	\$ <u>0.00</u> PAID
INTPR	\$ <u>25.00</u>	FM	\$ <u>0.00</u>	BALANCE DUE	\$ <u>275.00</u> PAID
BLOC	\$ <u>50.00</u>	SC	\$ <u>0.00</u>		
5X30 INSPECT	\$ <u>150.00</u>	WFC	\$ <u>0.00</u>		
PLRO	\$ <u>0.00</u>	ADLSUB	\$ <u>0.00</u>		
OCCUP	\$ <u>0.00</u>	ADLSR	\$ <u>0.00</u>		
SIGN	\$ <u>0.00</u>	ADLPR	\$ <u>0.00</u>		
DEMO	\$ <u>0.00</u>	BD	\$ <u>0.00</u>		
NOTES:					

RECEIVED

DATE RECEIVED JAN 12 2005

DATE APPROVED 1-27-05

APPROVED BY COMMUNITY DEVELOPMENT

DATE ISSUED 1-27-05

EXPIRATION DATE 7-28-05



VILLAGE OF BENSENVILLE
Community Development
12 S. Center Street
Bensenville, IL 60106
PH (630) 350-3413 Fax (630) 350-3449

COPY

FINAL NOTICE

December 14, 2007

Cancun Mexican Restaurant
220 N. York Road
Bensenville, IL 60106

Re: Outstanding Kitchen Hood Permit (no. 050020)

Dear Cancun Mexican Restaurant

On January 27, 2005 a kitchen hood permit was issued on this address. The permit expired on July 28, 2005. When issuing the permit there were documents signed with the inspections required to determine building code compliance for the work. According to our records, there was never a final inspection approved for this project. You will have to re-apply for this permit or call us so that we can try to resolve this expired permit. This letter shall serve as **FINAL NOTICE** to have the final inspection completed. You must contact Community Development Department at (630) 350-3413 and make arrangements for the final inspection. If this is not done within 10 days from the date of this notice, the file will be turned over to the Department of Code Enforcement for follow-up. Please call or come into the Village Hall Monday through Friday 8:00 a.m. - 5:00 p.m. and make the necessary arrangements. No additional permits will be approved for this address if this permit is not resolved.

Thank you,

Community Development
630-350-3413
630-350-3449 Fax

VILLAGE OF BENSENVILLE
Department of Community Development

CONDITIONS OF THE PERMIT

SITE LOCATION	<u>220 N YORK RD</u>	PERMIT NO.	<u>050020</u>
INTENDED USE	<u>ASSEMBLY / RESTAURANT</u>	PERMIT TYPE	<u>ALTERATION - (IR)</u>
EXPIRES DATE	<hr/>		
DESCRIPTION OF WORK	<u>INSTALL NEW KITCHEN HOOD</u> <hr/>		

1. All work whether approved or not shall be in compliance with the applicable codes and ordinances.
2. Contact the Community Development Department 48 hours in advance at 630-350-3413 for any inspections necessary.
3. No work except what has been approved or required shall be permitted through the execution of this permit. No changes to the approved plans will be permitted without authorization by the Department of Community Development in writing.
4. **THESE PLANS & CONDITIONS MUST BE AT THE JOB SITE AND AVAILABLE FOR EACH INSPECTION.** If the approved copy is not available, the inspection will not be conducted and the report shall be marked "Not Approved." DO NOT REMOVE THESE CONDITIONS FROM THE PLANS.

FILE COPY

5. SPECIAL CONDITIONS TO PERMIT NUMBER 050020

PLAN EXAMINER REVIEW

The applicant proposes to apply a permit to install a new kitchen hood to an existing restaurant.
The following comments apply :

1. This permit is limited to installation of new kitchen hood, No work except what has been approved or required shall be permitted through the execution of this permit. All installation shall be in compliance with the 1998 International Mechanical Code with local amendments.
2. Kitchen exhaust shall be an independent system and shall be constructed in accordance with the manufacturer's specification and installation. Factory-built kitchen hoods which are tested in accordance with UL 710, listed, labeled and installed in accordance with the conditions of listing and manufacturer's installation instruction. Manufacturer's installation instructions shall be available on the jobsite at the time of inspections.
3. The air removed by every mechanical exhaust system shall be discharged outdoors at a point where it will not cause a nuisance and from which it cannot again be readily drawn in by a ventilating system. The total outdoor makeup air supplied shall be equal in volume to that removed.
4. Commercial kitchen grease ducts shall be designed for the type of cooking appliance and hood served. Ducts exposed to the outside atmosphere or subject to corrosive environment shall be protected against corrosion in approved manner.
5. Joints, seams and penetrations of grease ducts shall be made with a continuous liquid-tight weld or braze made on the external surface of the duct system.
6. Commercial food heat processing appliances required shall be provided with an approved automatic fire suppression system. The automatic fire suppression system shall be designed to protect the commercial exhaust hoods, commercial kitchen ducts and the enclosed plenum space within the hood above the filters. TO BE REVIEWED ON A SEPARATE PERMIT.
7. Call for inspection required per attached schedule and obtain approval to avoid additional fee.
Subject to final inspection during which items not noted in this review will be addressed.

Having read and understood the preceding conditions, I hereby agree to comply with them.

SIGNATURE

NAME (PRINT)

DATE



DuPage County Health Department

North Public Health Center

1111 West Lake Street

Addison, IL 60101

Telephone: (630) 620-3325 Fax: (630) 543-9276

www.dupagehealth.org

October 12, 2004

Pat Eliopoulos
211 Poppy Lane
Bensenville, IL 60106

RE: Lucero's Mexican Restaurant
220 N. York Road
Bensenville, IL 60106
Voluntary Closure

Dear Pat Eliopoulos:

The food handling permit has been cancelled for the establishment referenced above, because of a voluntary closure.

It will be necessary to obtain a new permit to operate any type of food service business at the above address. The DuPage County Health Department must be contacted early in the planning stage should someone consider reopening at this location.

Sincerely,

Tim Schwarz
Environmental Health Services

p/c: Village of Bensenville Building & Zoning



**VILLAGE OF BENSENVILLE
COMMUNITY DEVELOPMENT**
12 S. Center Street
Bensenville, IL 60106
PH (630) 350-3413 Fax (630) 350-3449

COPY

**TEMPORARY
Certificate of Occupancy**

Temporary X Full _____

Date: 3/14/05
Building Permit No. 050020, 040962, 050066

This certifies that the building erected under the Village of Bensenville

For: Cancun Restaurant- Arturo Ramirez

220 N. York Rd. Bensenville, IL 60106
Name and Address of Owner

At: 220 N. York Rd. Bensenville, IL 60106
Address

Upon: _____
Real Estate Index Number

Has been satisfactorily completed and may be legally occupied for the purpose of

Restaurant

Single-family residence, multi-family residence, commercial or industrial.

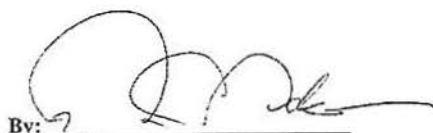
**IT IS UNLAWFUL TO OCCUPY OR USE THIS BUILDING, EXCEPT AS SPECIFIED
HEREON.**

CONDITIONS:

1. Remove or repair wall signs on north and south elevations of the building
2. Secure roof top screen surrounding H V A C equipment
3. Complete other outstanding following permits:
#050020 (Install Kitchen Hood)
#040962 (Patio/Landing)

FEE= \$250.00 (non refundable)

Dated: 3/14/05


By: _____
Community Development

KEEP THIS CERTIFICATE WITH YOUR DEED AND OTHER VALUABLE DOCUMENTS

I:\Common\COMDEV\YORK-RD\NORTHYK\200BLK\220\OCCTEMP.wpd

FIRE DEPARTMENT
PLAN REVIEW

Permit Number: 050020
Address: 220 N. York Rd.
Date: 01-25-05
Plan reviewer: Curt Shires
Status: Approved with comments

- 1) Contractor shall follow approved plans
- 2) Contractor shall follow industry standards
- 3) Contractor shall provide 48 hours notice to this office for final inspection
- 4) Final inspections can be made by calling 630-350-3441 between the hours of 0830 and 230 p.m.
- 5) Fire suppression system shall be applied for under separate cover and submittal.



DuPage County Health Department

North Public Health Center

1111 West Lake Street

Addison, IL 60101

Telephone: (630) 620-3325 Fax: (630) 543-9276

www.dupagehealth.org

October 12, 2004

Guerrero Martinez
1051 Ferrari Dr.
Bensenville, IL 60106

RE: Lucero's Mexican Restaurant
220 N. York Road
Bensenville, IL 60106
Voluntary Closure

Dear Guerrero Martinez:

The food handling permit has been cancelled for the establishment referenced above, because of a voluntary closure.

It will be necessary to obtain a new permit to operate any type of food service business at the above address. The DuPage County Health Department must be contacted early in the planning stage should someone consider reopening at this location.

Sincerely,

Tim Schwarz
Environmental Health Services

p/c: *V*illage of Bensenville Building & Zoning

"We promote health, prevent illness, and provide quality service"

Final *Final* *copy to City of Bensenville* Bldg. DEPT

Inspection Type

DuPAGE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
FOOD SERVICE INSPECTION REPORT

Establishment ID

24805

Date

NAME *John Baum* ADDRESS *320 N. York Rd.*

OWNER / OPERATOR *XARTUZO BAVILO* CITY *Bensenville*

The items marked below identify violations of ORDINANCE No. 107-77. CRITICAL items are to be corrected immediately. All other items are to be corrected as soon as possible, but no later than the time specified on the subsequent page(s) of this report. Failure to comply may result in the suspension of your permit.

WT	X	SOURCE	WT	X	SINGLE SERVICE ARTICLES
5		1a. Approved source	1		25. Single service items properly stored, handled, dispensed
5		1b. Wholesome, sound condition	3		26. Single service articles not re-used
1		2. Original container, properly labeled			
		TEMPERATURE CONTROL OF POTENTIALLY HAZARDOUS FOODS			WATER AND SEWERAGE / PLUMBING
5		3a. Cold food at proper temperatures during storage, display, service, transport, and cold holding	5		27. Water source safe, hot and cold under pressure
5		3b. Hot food at proper temperatures	5		28. Sewage and waste water disposed properly
5		3c. Foods properly cooked and/or reheated	1		29. Plumbing installed and maintained
5		3d. Foods properly cooled	5		30. Cross-connections, back-siphonage, back-flow prevented
		FOOD TEMPERATURES (circled items are in violation)			

5		4. Facilities to maintain proper temperatures.	5		HANDWASHING FACILITIES
1		5. Thermometers provided and conspicuously placed	3		31. Handwashing sinks installed, located, accessible
3		6. Potentially hazardous foods properly thawed			32. Restrooms with self-closing doors, fixtures operate properly, facility clean, supplied with handsoap, disposable towels or hand drying devices, tissue, covered waste receptacles
		FOOD PROTECTION			
5		7a. Cross-contamination, equipment, personnel, storage	3		33. Containers covered, adequate number, insect and rodent proof, emptied at proper intervals, clean
1		7b. Potential for cross-contamination; storage practices; damaged food segregated	1		34. Outside storage area clean, enclosure properly constructed
5		7c. Unwrapped food re-served			INSECT AND RODENT CONTROL
3		8. Food protection during storage, preparation, display, service, transportation	5		35a. Presence of insects / rodents. Animals prohibited
3		9. Foods handled with minimum manual contact	1		35b. Outer openings protected from insects, rodent proof
1		10. In-use food dispensing utensils properly stored			FLOORS, WALLS AND CEILINGS
		PERSONNEL	1		36. Floors properly constructed, clean, drained, coved
5		11. Personnel with infections restricted	1		37. Walls, ceilings, and attached equipment, constructed, clean
5		12a. Hands washed, good hygienic practices (observed)	1		38. Lighting provided as required. Fixtures shielded
1		12b. Proper hygienic practices, eating/drinking/ smoking (evidence)	1		39. Rooms and equipment - vented as required
1		13. Clean clothes, hair restraints			OTHER AREAS
		FOOD EQUIPMENT AND UTENSILS	1		40. Employee lockers provided and used, clean
3		14. Food contact surfaces designed, constructed, maintained, installed, located	5		41a. Toxic items properly stored
1		15. Non-food contact surfaces designed, constructed, maintained, installed, located	5		41b. Toxic items labeled and used properly
3		16. Dishwashing facilities designed, constructed, operated (1. wash 2. rinse 3. sanitize)	1		42. Premises maintained free of litter, unnecessary articles. Cleaning and maintenance equipment properly stored, kitchen restricted to authorized personnel
1		17. Thermometers, gauges, test kits provided	1		43. Complete separation from living/ sleeping area, laundry
1		18. Pre-flushed, scraped, soaked	1		44. Clean and soiled linen segregated and properly stored
3		19. Wash, rinse water clean, proper temperature			
5		20a. Sanitizing concentration _____ ppm			
5		20b. Sanitizing temperature _____ °F			
1		21. Wiping cloths clean, used properly, stored			
3		22. Food contact surfaces of equipment and utensils clean			
1		23. Non-food contact surfaces clean			
1		24. Storage / handling of clean equipment , utensils			

Refer to page(s) 1 Comments: *done 7/11/14* *July 14 2014*

Received By *John Baum* Demerit Points 0 Follow-up *John Baum*

Sanitarian *V. Baum* Sanitarian ID 0000000000 Phone *708-270-1234*

AN OPPORTUNITY FOR APPEAL FROM ANY INSPECTION REPORTS WILL BE PROVIDED IF A WRITTEN REQUEST IS FILED WITH THE HEALTH AUTHORITY AS SPECIFIED IN ORDINANCE 107-77

REPORT MUST BE POSTED ON PREMISES *V-7114*

VILLAGE OF BENSENVILLE
COMMUNITY DEVELOPMENT DEPARTMENT
12 S. Center Street
Bensenville, IL 60106
630-350-3413

INSPECTION REPORT

SITE ADDRESS: 220 N. York INSPECTION DATE: 2-18-05 AM PM

INSPECTOR ASSIGNED: B. F. Bawald PERMIT NO.: 050020

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> ROUGH	<input type="checkbox"/> Drain Tile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	<u>Mech.</u>

REQUESTED BY: Cestaro DATE: _____ PHONE NO.: _____

OFFICE/INSPECTOR COMMENTS:

Makeup air needed per plan
Provide access to roof for inspection.
Exhaust units will need guard rails and screening

APPROVED: _____

NOT APPROVED Correct and call for reinspection.

THIS IS NOT A CERTIFICATE OF OCCUPANCY

You are hereby notified to remedy the conditions as stated above within _____ hours/days from the date of this order. Appeal from this order may be made within 10 days from the date of service. Direct such appeal to Director of Community Development by telephone, 630-350-3413 or by writing, 700 W. Irving Park Road, Bensenville, Illinois 60106

Received By: John Ray Inspector: P. D. Lee

VILLAGE OF BENSENVILLE
COMMUNITY DEVELOPMENT DEPARTMENT

12 S. Center Street
Bensenville, IL 60106
630-350-3413

INSPECTION REPORT

SITE ADDRESS: 220 N. York INSPECTION DATE: 3-11-05 AM/PM

INSPECTOR ASSIGNED: Burrowold PERMIT NO.: 050020

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input checked="" type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input type="checkbox"/> Drain Tile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	<u>Wash.</u>

REQUESTED BY: Arturo DATE: _____ PHONE NO.: _____

OFFICE/INSPECTOR COMMENTS:

Note: Final electrical insp. required.

Screening of rooftop equipment required it to be fastened correctly.

(OP)

APPROVED: _____

NOT APPROVED: Correct and call for reinspection.

THIS IS NOT A CERTIFICATE OF OCCUPANCY

You are hereby notified to remedy the conditions as stated above within _____ hours/days from the date of this order. Appeal from this order may be made within 10 days from the date of service. Direct such appeal to Director of Community Development by telephone, 630-350-3413 or by writing, 700 W. Irving Park Road, Bensenville, Illinois 60106

Received By: Arturo Ramirez Inspector: E. Park

After PM
VILLAGE OF BENSENVILLE
COMMUNITY DEVELOPMENT DEPARTMENT
12 S. Center Street
Bensenville, IL 60106
630-350-3413

INSPECTION REPORT

SITE ADDRESS: 220 N York INSPECTION DATE: 2-18-05 AM/PM

INSPECTOR ASSIGNED: Reith PERMIT NO.: 050020

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> ROUGH	<input type="checkbox"/> Drain Tile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	

REQUESTED BY: _____ DATE: _____ PHONE NO.: _____

OFFICE/INSPECTOR COMMENTS: _____

APPROVED: *Rough Trade Hold only R.K. Seelby*

NOT APPROVED: *OP*

THIS IS NOT A CERTIFICATE OF OCCUPANCY

You are hereby notified to remedy the conditions as stated above within _____ hours/days from the date of this order. Appeal from this order may be made within 10 days from the date of service. Direct such appeal to Director of Community Development by telephone, 630-350-3413 or by writing, 700 W. Irving Park Road, Bensenville, Illinois 60106

Received By: _____ Inspector: _____

**VILLAGE OF BENSENVILLE
COMMUNITY DEVELOPMENT DEPARTMENT**

12 S. Center Street
Bensenville, IL 60106
630-350-3413

INSPECTION REPORT

SITE ADDRESS: 220 N. York INSPECTION DATE: 6-13-07 AM/PM

INSPECTOR ASSIGNED: Debbi PERMIT NO.: 050020

<input checked="" type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	

REQUESTED BY: _____ DATE: _____ PHONE NO.: _____

OFFICE/INSPECTOR COMMENTS:

APPROVED: *Final Review* *R. K. Shaffer*

NOT APPROVED: _____

THIS IS NOT A CERTIFICATE OF OCCUPANCY

You are hereby notified to remedy the conditions as stated above within _____ hours/days from the date of this order. Appeal from this order may be made within 10 days from the date of service. Direct such appeal to Director of Community Development by telephone, 630-350-3413 or by writing, 12 S. Center Street, Bensenville, Illinois 60106

Received By: _____ Inspector: _____

INCOMMONCOMDEVINSPECT.FRM

VILLAGE OF BENSENVILLE PERMIT APPLICATION

ALL PERMITS

SITE ADDRESS 222 N. YORK RD UNIT NO. _____
 PIN NO. _____ LOT NO. _____ SUBDIVISION _____
 INTENDED USE Single Family Residential Multi-Family Residential Assembly / Restaurant Business / Office
 Factory / Industrial Mercantile / Retail Storage / Warehouse Institutional / Medical Other _____
 PERMIT TYPE New Const. Addition Alteration / Repair Accessory Structure Demolition Site Improvement
 DESCRIPTION OF THE WORK Put in 2 new walls VALUATION \$ 500,-
 GENERAL CONTRACTOR OWNER PHONE 630-694-8800
 ADDRESS 222 N. YORK RD BENSENVILLE, IL 60106
 PLUMBER _____ PHONE _____
 ADDRESS _____
 ELECTRICIAN _____ PHONE _____
 ADDRESS _____
 ROOFER _____ PHONE _____
 ADDRESS _____

ALL PERMITS

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 uses of the space shall be permitted until approved in writing by the Department of Community Development. 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.

John J. Gordan DATE 04-22-04
 Applicant's Signature
 Applicant's Name (Print)
 Date

222 N. York Rd BENSENVILLE, IL 60106 630-694-8800
 Address
 Correspondence and bond refunds can only be completed if the address of the applicant is kept current, this is the applicant's responsibility.
 I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances for this permit.
John J. Gordan OWNER DATE 04-22-04
 Owner's Signature
 Owner's Name (Print)
 Date

Address _____
 Day Time Phone _____

Department Of Community Development
 Telephone (630) 350-3413

12 S. Center St. Bensenville, IL 60106
 Facsimile (630) 350-3449

PERMIT NUMBER

040368

MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE _____
 DESCRIBE THE OPERATION OF THE BUS _____
 IS THERE ANYTHING HAZARDOUS IN THE _____
 IS A FIRE ALARM SYSTEM IN PLACE? YES NO
 IS A FIRE SPRINKLER SYSTEM IN PLACE YES NO
 IDENTIFY THE TYPE OF LAYOUT THIS BUILDING _____
 WILL THERE BE ANY BUSINESS SUBLET _____
 APPROXIMATE THE NUMBER OF OCCUPANCIES _____
 TOTAL FLOOR AREA FOR THE ENTIRE BUILDING _____
 TOTAL NUMBER OF FLOORS _____
 AREA OF THE SPACE BEING ALTERED AND/OR ADDED _____ Sq Ft

BUILDING IS
 VACANT - LOOK
 THROUGH WINDOW
 AND SEEN WORK
 NOT COMPLETED
 03.09.10

APR 22 2004

OFFICE USE ONLY

INTSUB	\$ _____ 00	WC	\$ _____ 00	TOTAL FEE	\$ _____ 00		
INTSR	\$ _____ 00	WM	\$ _____ 00	APP. FEE	\$ _____ 00	PAID	_____
INTPR	\$ _____ 00	FM	\$ _____ 00	BALANCE DUE	\$ _____ 00	PAID	_____
BLDG	\$ _____ 00	SC	\$ _____ 00				
INSPECT	\$ _____ 00	WFC	\$ _____ 00	DATE RECEIVED	_____		
PLRO	\$ _____ 00	ADLSUB	\$ _____ 00	DATE APPROVED	_____		
OCCUP	\$ _____ 00	ADLSR	\$ _____ 00	APPROVED BY	_____		
SIGN	\$ _____ 00	ADLPR	\$ _____ 00	DATE ISSUED	_____		
DEMO	\$ _____ 00	BD	\$ _____ 00	EXPIRATION DATE	_____		
NOTES:							

TRANSMITTAL FORM

TO: Plan Examiner

FROM: BUILDING DIVISION (630) 350-3413

DATE: 4/23/04

The attached, is for your review and comments, based on the codes & ordinances you are responsible for. Only list the deficiencies you have identified or the issues you need clarified. Please keep guidelines, issues of compliance, recommendations or similar issues separate from your review comments. If you have referrals for other staff reviewers, you must notify them directly and as soon as possible to maintain the deadline of this review. The payment for consultants is only permitted if their need and cost is identified and is reimbursable.

Permit Number: 040368

Project location: 222 N York Rd

Usage: BUSINESS / OFFICE

Project Type: Alteration - (IR)

Description: INSTALL WALLS

The applicant and primary contact for questions is Fatima Dizdarevic

To reach the applicant please call (630)694-8800 Home

Your response is requested by 5/7/04, which allows you 10 working days.

Is this site within the floodplain limits? [] Yes [] No Floodway? [] Yes [] No Reviewed by _____

Reviewer's Comments: [] No deficiencies noted. [] Refer to the following comments. [] See attached

Signature _____

Date _____