



12 South Center Street  
Bensenville, IL 60106

Office: 630.350.3404  
Fax: 630.350.3438  
[www.bensenville.il.us](http://www.bensenville.il.us)

## VILLAGE BOARD

### President

Frank DeSimone

### Board of Trustees

Rosa Carmona

Ann Franz

Agnieszka "Annie" Jaworska

McLane Lomax

Nicholas Panicola Jr.

Armando Perez

### Village Clerk

Nancy Olson

### Village Manager

Evan K. Summers

November 17, 2017

Mr. Ben Alonzo

Jacob & Hefner Associates, Inc.

1333 Butterflied 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](mailto: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**  
**INSPECTIONAL 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

Department of Community Development  
Telephone (630) 350-3413

12 S. Center St. Bensenville, IL 60005  
Facsimile (630) 350-3449

## ALL PERMITS

SITE ADDRESS CALCUN MEXICAN RESTAURANT 220 YORK VILL UNIT NO. BENSENVILLE 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 \$ 16,000.00

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.

Applicant's Signature Juan M Chavez Applicant's Name (Print) JUAN M CHAVEZ Date 1-12-05

Address 6945 W DOBSON ST NILES IL 60714 Day Time Phone 847-256-3803

I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances for this permit.

Owner's Signature Arturo Ramirez Owner's Name (Print) ARTURO RAMIREZ Date 1-12-05

Address 220 YORK VILL BENSENVILLE IL Day Time Phone \_\_\_\_\_

WHITE - PERMIT LOG CANARY - FILE PINK - COLLECTOR GOLDENROD - TOWNSHIP GREEN - APPLICANT

## PERMIT NUMBER

050020

## MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE CALCUN 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 1 AREA OF THE SPACE BEING ALTERED AND/OR ADDED \_\_\_\_\_ Sq Ft

## OFFICE USE ONLY

INTSUB \$ <u>25</u> .00	WC \$ _____ .00	TOTAL FEE \$ <u>275</u> .00
INTSR \$ <u>25</u> .00	WM \$ _____ .00	APP. FEE \$ _____ .00 PAID _____
INTPR \$ <u>25</u> .00	FM \$ _____ .00	BALANCE DUE \$ <u>275</u> .00 PAID _____
BLDG \$ <u>50</u> .00	SC \$ _____ .00	DATE RECEIVED <u>JAN 12 2005</u>
INSPECT \$ <u>150</u> .00	WFC \$ _____ .00	DATE APPROVED _____
PLRO \$ _____ .00	ADLSUB \$ _____ .00	APPROVED BY <u>DEVELOPMENT</u>
OCCUP \$ _____ .00	ADLSR \$ _____ .00	DATE ISSUED <u>1-21-05</u>
SIGN \$ _____ .00	ADLPR \$ _____ .00	EXPIRATION DATE <u>7-28-05</u>
DEMO \$ _____ .00	BD \$ _____ .00	

NOTES:



**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**

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**CONDITIONS OF THE PERMIT**

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

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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](http://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:

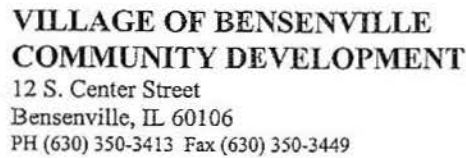
The food handling permit has been cancelled for the establishment referenced above, because of a voluntary closure.

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



# TEMPORARY Certificate of Occupancy

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

For: Cancun Restaurant- Arturo Ramirez

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

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Address

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

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

CONDITIONS:

- FEE= \$250.00 (non refundable)**

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](http://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: Village of Bensenville Building & Zoning

Inspection Type

**DUPAGE COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL HEALTH DIVISION**  
**FOOD SERVICE INSPECTION REPORT**

Establishment ID

208105

Date

NAME ARTURO RAMIREZ

ADDRESS 320 N. YORK AVE.

OWNER / OPERATOR ARTURO RAMIREZ

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			
		<b>TEMPERATURE CONTROL OF POTENTIALLY HAZARDOUS FOODS</b>			<b>WATER AND SEWERAGE / PLUMBING</b>
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
		<b>FOOD TEMPERATURES (circled items are in violation)</b>			<b>HANDWASHING FACILITIES</b>
		_____	5		31. Handwashing sinks installed, located, accessible
		_____	3		32. Restrooms with self-closing doors, fixtures operate properly, facility clean, supplied with handsoap, disposable towels or hand drying devices, tissue, covered waste receptacles
5		4. Facilities to maintain proper temperatures.			<b>GARBAGE AND SOLID WASTE DISPOSAL</b>
1		5. Thermometers provided and conspicuously placed	3		33. Containers covered, adequate number, insect and rodent proof, emptied at proper intervals, clean
3		6. Potentially hazardous foods properly thawed	1		34. Outside storage area clean, enclosure properly constructed
		<b>FOOD PROTECTION</b>			<b>INSECT AND RODENT CONTROL</b>
5		7a. Cross-contamination, equipment, personnel, storage	5		35a. Presence of insects / rodents. Animals prohibited
1		7b. Potential for cross-contamination; storage practices; damaged food segregated	1		35b. Outer openings protected from insects, rodent proof
5		7c. Unwrapped food not re-served			<b>FLOORS, WALLS AND CEILINGS</b>
3		8. Food protection during storage, preparation, display, service, transportation	1		36. Floors properly constructed, clean, drained, coved
3		9. Foods handled with minimum manual contact	1		37. Walls, ceilings, and attached equipment, constructed, clean
1		10. In-use food dispensing utensils properly stored	1		38. Lighting provided as required. Fixtures shielded
		<b>PERSONNEL</b>	1		39. Rooms and equipment - vented as required
5		11. Personnel with infections restricted			<b>OTHER AREAS</b>
5		12a. Hands washed, good hygienic practices (observed)	1		40. Employee lockers provided and used, clean
1		12b. Proper hygienic practices, eating/drinking/smoking (evidence)	5		41a. Toxic items properly stored
1		13. Clean clothes, hair restraints	5		41b. Toxic items labeled and used properly
		<b>FOOD EQUIPMENT AND UTENSILS</b>	1		42. Premises maintained free of litter, unnecessary articles. Cleaning and maintenance equipment properly stored, kitchen restricted to authorized personnel
3		14. Food contact surfaces designed, constructed, maintained, installed, located	1		43. Complete separation from living/ sleeping area, laundry
1		15. Non-food contact surfaces designed, constructed, maintained, installed, located	1		44. Clean and soiled linen segregated and properly stored
3		16. Dishwashing facilities designed, constructed, operated (1. wash 2. rinse 3. sanitize)			Manager Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Risk Type _____
1		17. Thermometers, gauges, test kits provided			Time In _____ am _____ pm Total Time _____
1		18. Pre-flushed, scraped, soaked			
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) \_\_\_\_\_ Comments: Some 7/11 items added 40

Received By [Signature]

Demerit Points 0

Follow-up \_\_\_\_\_

Sanitarian [Signature]

Sanitarian ID \_\_\_\_\_

Phone \_\_\_\_\_

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

V7116

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 10PM  
INSPECTOR ASSIGNED: B. F. F. F. 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: Centuro DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS:

Makelup 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: [Signature] Inspector: [Signature]

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: Burrows 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>mech.</u>

REQUESTED BY: Arturo DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS:

Note: Final electrical insp. required.

Screening of rooftop equipment requires 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: DRK

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

SITE ADDRESS: 220 N. York Rd INSPECTION DATE: 3-14-05 AM/PM ☒

<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 checked="" type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input checked="" 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 type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	

REQUESTED BY: Arturo DATE: \_\_\_\_\_ PHONE NO.: 847-707-7397

[illegible]

NOT APPROVED:

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: \_\_\_\_\_

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 (P)  
INSPECTOR ASSIGNED: Stetson 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"/> 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED:

*Rough Electric Hook only R. K. Stetson*

NOT APPROVED:

*GP*

THIS IS NOT A CERTIFICATE OF OCCUPANCY

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Received By: \_\_\_\_\_ Inspector: \_\_\_\_\_

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

SITE ADDRESS: 220 N. York INSPECTION DATE: 6-13-07 AM/PM (P)  
INSPECTOR ASSIGNED: Schubert 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:

[illegible]

APPROVED:

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: \_\_\_\_\_



# VILLAGE OF BENSENVILLE PERMIT APPLICATION

Department Of Community Development  
Telephone (630) 350-3413

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

## 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 \_\_\_\_\_

RECEIVED

## 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.

☒ Applicant's Signature FAZHA N. DAREVIC Date 04-22-04

222 N. YORK RD BENSENVILLE, IL 60106 Phone 630-694-8800

Address \_\_\_\_\_ Day Time Phone \_\_\_\_\_

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.

☒ Owner's Signature EXIVER N. DAREVIC Date 04-22-04

Owner's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone \_\_\_\_\_

## PERMIT NUMBER

040368

## MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE \_\_\_\_\_

DESCRIBE THE OPERATION OF THE BUSINESS BUILDING IS

IS THERE ANYTHING HAZARDOUS IN THE BUILDING? VACANT - LOOK

IS A FIRE ALARM SYSTEM IN PLACE? THROUGH WINDOW [ ] YES [ ] NO

IS A FIRE SPRINKLER SYSTEM IN PLACE? AND SEEN WORK [ ] YES [ ] NO

IDENTIFY THE TYPE OF LAYOUT THIS BUILDING HAS NOT COMPLETED UNIT SPACE \_\_\_\_\_

WILL THERE BE ANY BUSINESS SUBLET? NOT COMPLETED

APPROXIMATE THE NUMBER OF OCCUPANCIES 02-08-10 UNIT \_\_\_\_\_

TOTAL FLOOR AREA FOR THE ENTIRE BUILDING \_\_\_\_\_ SQ FT

TOTAL NUMBER OF FLOORS \_\_\_\_\_ AREA OF THE SPACE BEING ALTERED AND/OR ADDED \_\_\_\_\_ SQ FT

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	DATE RECEIVED _____
INSPECT \$ _____ 00	WFC \$ _____ 00	DATE APPROVED _____
PLRO \$ _____ 00	ADLSUB \$ _____ 00	APPROVED BY _____
OCCUP \$ _____ 00	ADLSR \$ _____ 00	DATE ISSUED _____
SIGN \$ _____ 00	ADLPR \$ _____ 00	EXPIRATION DATE _____
DEMO \$ _____ 00	BD \$ _____ 00	

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 indentified 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

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Signature

Date