



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

November 17, 2017

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Evan K. Summers

Mr. Fabian Vazquez

317 West Colfax Street, Suite 109

Palatine, Illinois 60067

Re: November 15, 2017 FOIA Request

Dear Mr. Vazquez:

I am pleased to help you with your November 15, 2017 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on November 15, 2017. You requested copies of the items indicated below:

*"I need a copy of the most recent roofing permits granted to address 626 Mclean Ave., Bensenville, IL 60106."*

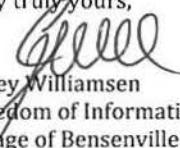
After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Permit No. 1817-101300. (3 pgs.)

These are all the records found responsive to your request.

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

## RESIDENTIAL PERMIT APPLICATION

## PERMIT INFORMATION

SITE ADDRESS	626 McLean Ave. Bensenville IL 60106	UNIT NUMBER	
DESCRIPTION OF WORK 1	Remove & Replace Roof	ESTIMATED COST	\$6150.00
DESCRIPTION OF WORK 2			

## CONTRACTOR INFORMATION

GENERAL CONTRACTOR	RECEIVED	Day Time Phone
Address		City, State, & ZIP Code
LICENSED PLUMBING CONTRACTOR	JUN 23 2011	Day Time Phone
Address		City, State, & ZIP Code
LICENSED ELECTRICAL CONTRACTOR	COMMUNITY DEVELOPMENT	Day Time Phone
Address		City, State, & ZIP Code
ROOFING CONTRACTOR	Jack Home Improvement	847-259-4435
Address	5005 Newport Dr. suit 201	Day Time Phone
		Rolling Meadows IL 60008

## OWNER &amp; 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. 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.

Brent Lee

Applicant's Signature

Date

6/22/11

655 Perrie Dr. UNIT 303C Elk Grove Village IL 60007 847-321-1640

Address

City, State, &amp; ZIP Code

Day Time Phone

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 ordinances for this permit.

Owner's Name (Print)

Owner's Signature

Date

Address

City, State, &amp; ZIP Code

Day Time Phone

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
PHONE: 630.560.3413 FAX: 630.560.3449

12 S. CENTER STREET  
BENSENVILLE, IL 60106

APPLICATION NUMBER

187 / 01300

## BUILDING INFORMATION (PLEASE check all that apply)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Accessory
<input type="checkbox"/> Single Family Attached Garage			
<input type="checkbox"/> Single Family Detached Garage			
<input type="checkbox"/> 1-Car Garage	<input type="checkbox"/> 2-Car Garage	<input type="checkbox"/> 3-Car Garage	
<input type="checkbox"/> Ranch	<input type="checkbox"/> Split Level	<input type="checkbox"/> 2 Story	
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4+ Bedroom
<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Both	
<input type="checkbox"/> Attic Access	<input type="checkbox"/> Open/Vaulted Ceilings		
<input type="checkbox"/> Village Water	<input type="checkbox"/> Well Water		
<input type="checkbox"/> Village Sewer	<input type="checkbox"/> Septic System		
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Tank		
<input type="checkbox"/> Existing Sq.Ft.	<input type="checkbox"/> New Sq.Ft.		

## OFFICE USE ONLY

FEES	MILESTONE DATES
ESCROW <sup>a</sup> \$ 80.00	Application: 6-23-11
APPLICATION \$ 30.00	Approved on: SAME
PLAN REVIEW \$ 0.00	Issued on: 6-23-11
INSPECTIONS (X \$40) \$ 140.00	Expires on: 12-23-11
WATER CONNECTION \$ 0.00	
WATER METER \$ 0.00	
SEWER CONNECTION \$ 0.00	Approved by: MP
FIRE METER \$ 0.00	
OTHER \$ 0.00	
<b>TOTAL PERMIT FEES</b> \$ 150.00	

<sup>a</sup>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 retained to the payee via first class mail. In the event the cost of failed inspections exceeds the escrow amount, no further inspections will be conducted until an additional escrow has been received.



**COPY**

7/11/2011

## ESCROW BOND REFUND FORM

Application number: 1817

Project Address: 626 MC LEAN

Project: ROOF, GUTTERS, SIDING SF

Application comment: ROOFER PAID ALL

Application comment 2: RE-ROOF

Escrow bond account balance to be paid to:

Customer ID: 20208

J & K HOME IMPROVEMENT

5005 NEWPORT DR. STE 201

ROLLING MEADOWS, IL 60008

Payee application role: ROOF

Balance in Escrow account to be refunded: \$80

Approved by:

Director of Community & Economic Development

07.19.11

Date

Approved by:

Office of the Village Manager

Date

CK # 131474

08-09-11

Developed by

Community Leadership Council of  
**Baecore**  
Group

**PROPOSAL**

Licensed, Insured &amp; Bonded

Page No. \_\_\_\_ of \_\_\_\_ Pages



TT 106/28

5005 Newport Dr. Suite 201, Rolling Meadows, IL 60008 ~ Tel: 847-259-4435 ~ Fax: 847-259-8202

Proposal Submitted To:	Miriam Rios	Phone:	630-330-7328	Date:	6/19/11
Address:	626 McLean Ave	Job Name or #:	630 244-4822		
City, State, & Zip:	BENSONVILLE IL 60106	Job Location:	(Dwylers Cell)		

We hereby submit specifications and estimates for:

- Remove 2 (Two) layers existing shingles from home over AND garage.
- Inspect and repair as needed all decking and railings.
- INSTALL Royal Sovereign 3-TAB Shingles in color +
- INSTALL new Power vent in color →
- INSTALL new Toltec vents in color →
- \* Remove gutter from EAST Side of garage. Repair soffit fascia and re-install gutter.
- \* Repair Screen doors (2) front & side
- \* Clean Site and remove all job debris
- \* Received Check #514 1085-00 6/18/11

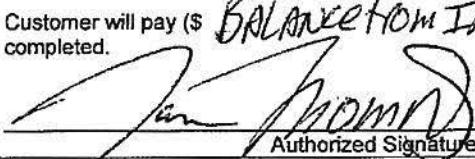
All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

All agreements contingent upon accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Contract Sum (\$ 6150.00)

Customer will pay Contractor a deposit of (\$ 1085.00) at signing of the contract.

Customer will pay (\$ BALANCE FROM INT.) when all the work is completed.



Authorized Signature

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted.  
You are authorized to do the work as specified. Payments will be made as outlined above.

Signature: Hilda Kestleman Date: 6/18 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU