



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

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Village Manager
Evan F. Summers

November 15, 2019

Mr. Matt Gugala
SMART Local 265
205 Alexandra Way
Carol Stream, Illinois 60188

Re: November 8, 2019 FOIA Request

Dear Mr. Gugala:

I am pleased to help you with your November 8, 2019 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on November 8, 2019. You requested copies of the items indicated below:

"I am requesting copies of issued and/or application for Building Permits, identifying contractors and subcontractors for the sports dome project on or off Grand Ave."

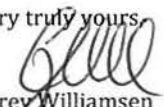
After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Permit Application No. 8680. (1 pg.)
- 2) Village of Bensenville Permit Application No. 8855. (1 pg.)
- 3) Village of Bensenville Permit Application No. 8877. (2 pgs.)
- 4) Village of Bensenville Permit Application No. 9069. (1 pg.)
- 5) Village of Bensenville Permit Application No. 9427. (1 pg.)
- 6) Village of Bensenville Permit Application No. 9529. (1 pg.)
- 7) Village of Bensenville Permit Application No. 9568. (1 pg.)
- 8) Village of Bensenville Permit Application No. 9547. (1 pg.)

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

Department of Community and Economic Development
125 Center St. Bensenville, IL 60106
Phone: 630.350.3411 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

8680

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☒ NON-RESIDENTIAL

1050 S. COUNTY LINE ROAD

SITE ADDRESS

N/A

UNIT NO

03-25-200-008

P.I.N.

RS-1/PLD

ZONING DISTRICT

SITE GRADING & MASS GRADING

DESCRIPTION OF WORK

\$1,000,000.00

ESTIMATED COST

Name of Business on Site (non residential) BO JACKSON'S ELITE SPORTS

GENERAL CONTRACTOR: TRIUMPH CONSTRUCTION SERVICES CORPORATION

38703

ADDRESS: 475 N. MARTIN LUTHER ROAD SUITE 1280 CITY, STATE & ZIP: SCHLAUSBURG, IL 60173

PHONE: 847-608-7982

E-MAIL: jeffd@triumphconstructionservices.com

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 re-inspection 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.

Grand County, LLC

Applicant's Name (Print)

165 W. Lake St

Address

Jeffrey Kroug as agent

Applicant's Signature

Northlake, IL 60164

City, State & Zip

10/5/18

Date

630-747-6350

Day Time Phone

jprovenza@darwinrealty.com

Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provision of the applicable code and ordinance on this permit.

Greg Rzedzian

Property Owner's Name (Print)

165 W. Lake St

Address

Greg Rzedzian

Property Owner's Signature

Northlake, IL 60164

City, State & Zip

10/5/18

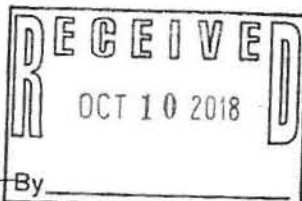
Date

847-924-0064

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

☒ New Construction☐ Addition☐ Alteration☐ AccessoryStorm-water Permit Required Yes ☒ NO ☐

PAID BY:

By

Milestone Dates:

10-10-18 Applied

3-4-19 Approved

5-14-19 Issued

11-14-19 Expires

Fees:

ESCROW \$ 1250

APPLICATION \$ 400

PLAN REVIEW \$ 23,175.51

INSPECTIONS (12 x \$35 @ \$45) \$ 540

Stormwater Risk OTHER \$ 3914

OTHER \$

APPROVED BY:

TOTAL FEES DUE \$29,279.51

Owner
Ch # 1015

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

8855

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☒ NON-RESIDENTIAL
1050 S. COUNTY LINE
T.B.D. (Grand Avenue & County Line Road)

374 406-047
T.B.D.

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Construction of footings & foundations for Sports Facility Complex

\$ 357,200

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Bo Jackson's Elite Sports

GENERAL CONTRACTOR: Triumph Construction Services Corporation

#38703

ADDRESS: 425 N. Martingale Road, Suite 1280 CITY, STATE & ZIP: Schaumburg, IL 60173

PHONE: 847-608-7982 E-MAIL: jeffd@triumphconstructionservices.com

LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND IF NECESSARY ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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.

Grand County, LLC

Applicant's Name (Print)

165 West Lake Street

Address

greg@gotologistics.net

Applicant's Email Address

Applicant's Signature

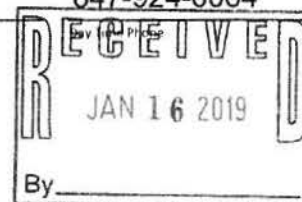
Northlake, IL 60164

City, State & ZIP

1/15/2019

Date

847-924-0064



Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinance of this permit.

Grand County, LLC

Property Owner's Name (Print)

165 West Lake Street

Address

Property Owner's Signature

Northlake, IL 60164

City, State & ZIP

1/15/2019

Date

847-924-0064

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

- ☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☐ NO ☐

Milestone Dates:

____ Applied
____ Approved
____ Issued
____ Expires

Fees:

ESCROW \$ _____
APPLICATION \$ _____
PLAN REVIEW \$ _____
INSPECTIONS (____X\$35/\$45) \$ _____
OTHER \$ _____
OTHER \$ _____
TOTAL FEES DUE \$ _____

PAID BY: _____

APPROVED BY: _____

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

8877

CHECK ONE:

☐ RESIDENTIAL

☐ MULTI-RESIDENTIAL

☒ NON-RESIDENTIAL

1050 COUNTY LINE RD.
T.B.D. (Grand Avenue & County Line Road)

T.B.D.

C-2

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Construction of Air-Supported Structure & Club House

\$ T.B.D. 10.00

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Bo Jackson's Elite Sports

GENERAL CONTRACTOR: Triumph Construction Services Corporation

ADDRESS: 425 N. Martingale Road, Suite 1280 CITY, STATE & ZIP: Schaumburg, IL 60173

PHONE: 847-608-7982 E-MAIL: jeffd@triumphconstructionservices.com

LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND IF NECESSARY ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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.

Grand County, LLC

02/05/19

Applicant's Name (Print)

Applicant's Signature

Date

165 West Lake Street

Northlake, IL 60164

847-924-0064

Address

City, State & ZIP

Day Time Phone

greg@gotologistics.net

Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Grand County, LLC

02/05/19

Property Owner's Name (Print)

Property Owner's Signature

Date

165 West Lake Street

Northlake, IL 60164

847-924-0064

Address

City, State & ZIP

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

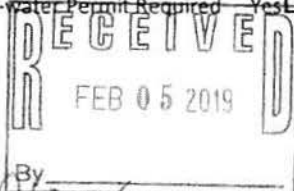
☐ New Construction

☐ Addition

☐ Alteration

☐ Accessory

Storm-water Permit Required Yes ☐ NO ☐



PAID BY:

Owner

ch # 1020

Milestone Dates:

2-5-19 Applied
3-4-19 Approved
8-22-19 Issued
2-22-20 Expires

APPROVED BY:

[Signature]

Fees:

ESCROW \$ 900-
APPLICATION \$ 1000-
Bldg PLAN REVIEW \$ 5049-
INSPECTIONS (24x\$35/\$45) \$ 1170-
water/sanitary construction OTHER \$ 7500-
water/sewer OTHER \$ 1440-
TOTAL FEES DUE \$ 17,059.00

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

<small>LICENSED CONTRACTOR</small> T.B.D. ALL AMERICAN EXT. SOLUTIONS	<small>EMAIL</small> LCRUZE AAEXS.COM	<small>Day Time Phone</small> 847 438 4131
<small>ADDRESS</small> 150 OAKWOOD DR	<small>City</small> LAKE ZURICH	<small>State & ZIP</small> IL 60047

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

<small>LICENSED CONTRACTOR</small> T.B.D. VOX ELECTRIC	<small>EMAIL</small> RAY@VOXELECTRIC.CO.COM	<small>Day Time Phone</small> 630 550 5170
<small>ADDRESS</small> 1281 HUMBRACHT CIRCLE	<small>City</small> BARTLETT	<small>State & ZIP</small> IL 60103

PROVIDE A COPY OF ELECTRICIANS LICENSE CERTIFICATE AND A SURETY BOND FOR \$10,000 ☐

PLUMBING

<small>LICENSED CONTRACTOR</small> T.B.D. CBM PLUMBING	<small>EMAIL</small> JOHN@CBMPLUMBING.COM	<small>Day Time Phone</small> 630 837 7670
<small>ADDRESS</small> 1532 HECHT DR	<small>City</small> BARTLETT	<small>State & ZIP</small> IL 60103

PROVIDE A LETTER IF INTENT & A COPY OF PLUMBERS LICENSE CERTIFICATE ☐

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

9069

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☐ NON-RESIDENTIAL

1050 County Line Road

C-2

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Demolition of a one-story block & frame building

\$ 15,000

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Vacant Building

GENERAL CONTRACTOR: Triumph Construction Services Corporation

ADDRESS: 425 N. Martingale Road, Suite 1280 CITY, STATE & ZIP: Schaumburg, IL 60173

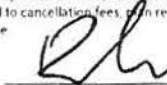
PHONE: 847-608-7982 E-MAIL: jeffd@triumphconstructionservices.com

LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND IF NECESSARY ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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.

Grand County, LLC



2.12.2018

Applicant's Name (Print)

Applicant's Signature

Date

165 West Lake Street

Northlake, IL 60164

847-924-0064

Address

City, State & ZIP

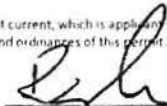
Day Time Phone

greg@gotologistics.net

Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Grand County, LLC



2.12.2018

Property Owner's Name (Print)

Property Owner's Signature

Date

165 West Lake Street

Northlake, IL 60164

847-924-0064

Address

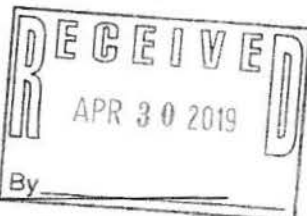
City, State & ZIP

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☐ NO ☒

PAID BY:

By

Milestone Dates:

4-30-19 Applied
6-19-19 Approved
6-21-19 Issued
12-21-19 Expires

APPROVED BY:

Fees:

ESCROW \$ 180-
APPLICATION \$ 100-
PLAN REVIEW \$ -
INSPECTIONS (3 X \$35 (\$45)) \$ 135-
OTHER \$ -
OTHER \$ -
TOTAL FEES DUE \$ 415.00

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
125 Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

9427

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☒ NON-RESIDENTIAL

SITE ADDRESS: 1050 S County Line Road UNIT NO: _____ P I N: _____ ZONING DISTRICT: _____
DESCRIPTION OF WORK: installation of a new fire alarm system ESTIMATED COST: \$ 14,855.00
Name of Business on Site (non-residential): Bo Jackson Sports Facility

Alum
GENERAL CONTRACTOR: Nitech Fire & Security
ADDRESS: 109 Fairfield Way Ste 305 CITY, STATE & ZIP: Bloomington IL 61808
PHONE: 630 307 8805 E-MAIL: rob@nitechline.com

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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): Robert Patti Applicant's Signature: [Signature] Date: 08/07/19
Address: 109 Fairfield Way Ste 305 City, State & ZIP: Bloomington IL 61808 Day Time Phone: 630 307 8805
Applicant's Email Address: rob@nitechline.com

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

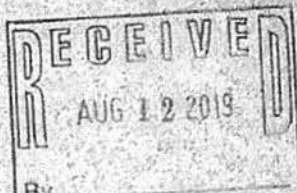
Property Owner's Name (Print): GREG REENZIAN Property Owner's Signature: [Signature] Date: 8.20.2019
Address: _____ City, State & ZIP: _____ Day Time Phone: _____

OFFICE USE ONLY

BUILDING INFORMATION

☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☐ NO ☐



PAID BY: GC

Milestone Dates:

8.12.19 Applied
8.26.19 Approved
9.12.19 Issued
3.12.20 Expires

APPROVED BY: [Signature]

Fees:

ESCROW \$ 180.00
APPLICATION \$ 100.00
PLAN REVIEW \$ 27.00
INSPECTIONS (1 x \$35/\$45) \$ 45.00
ACCEPT TEST OTHER \$ 150.00
OTHER \$ —
TOTAL FEES DUE \$ 502.00

VILLAGE OF BENSENVILLE
Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

9529

CHECK ONE:

☐ RESIDENTIAL

☐ MULTI-RESIDENTIAL

☒ NON-RESIDENTIAL

1050 County Line Rd Bensenville, 60006 N/A 03-25-200 008 C-2
SITE ADDRESS UNIT No. P.I.N. ZONING DISTRICT

SITE IMPROVEMENTS

DESCRIPTION OF WORK

Name of Business on Site (non-residential)

Bensenville Sports Complex

\$ ESTIMATED COST

GENERAL CONTRACTOR:

Trump Construction Services

#40502

ADDRESS:

425 N Martingale Rd, Sk1280

CITY, STATE & ZIP

Schaumburg, IL 60173

PHONE:

847-608-7982

E-MAIL:

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is complete 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 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.

Grzegorz Rzedzian

Applicant's Name (Print)

Applicant's Signature

Date

9/18/19

115 Carmela Ct.

Address

Bloomington, IL 60108

City, State & ZIP

847-924-0064

Day Time Phone

greg@gotologistics.net

Applicant's Email Address

Correspondence and encrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of the permit.

Grzegorz Rzedzian

Property Owner's Name (Print)

Property Owner's Signature

Date

9/18/19

115 Carmela Ct.

Address

Bloomington, IL 60108

City, State & ZIP

847-924-0064

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

☐ New Construction

☐ Addition

☐ Alteration

☐ Accessory

Storm-water Permit Required Yes ☐ NO ☐

Milestone Dates:

9-18-19 Applied

9-18-19 Approved

9-19-19 Issued

3-19-20 Expires

Fees:

ESCROW \$ 1250-

APPLICATION \$ 400-

PLAN REVIEW \$ 1540-

INSPECTIONS (1 X \$33 / \$45) \$ 45-

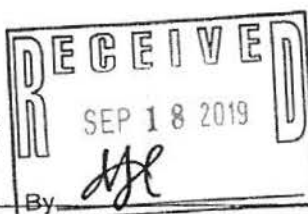
OTHER \$

OTHER \$

TOTAL FEES DUE \$ 3235⁰⁰

PAID BY:

Omni



APPROVED BY:

[Signature]

VILLAGE OF BENSENVILLE

SIGN PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.344312 S. CENTER STREET
BENSENVILLE, IL 60106

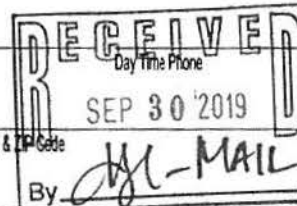
PERMIT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1050 S County Line Rd	UNIT NUMBER	C-2
SITE ADDRESS		ZONING DISTRICT
Bo Jackson's Elite Sports		
BUSINESS / TENANT NAME		P.I.N. (Permanent Index Number)
		\$10,000
TELEPHONE NUMBER	Email Address	ESTIMATED COST

CONTRACTOR INFORMATION

Parvin-Clauss Sign Co	#11355	mclauss@parvinclauss.com	630-510-2020
SIGN INSTALLER		Email Address	Day Time Phone
165 Tubeway Dr	Carol Stream IL 60188		X4000
Address		City, State, & ZIP Code	
Parvin-Clauss Sign Co			
LICENSED ELECTRICAL CONTRACTOR		Email Address	Day Time Phone
Same			
Address		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.

Mary Clauss		9/22/19
Applicant's Name (Print)	Applicant's Signature	Date
Parvin-Clauss Sign Co		
Address	City, State, & ZIP Code	Day Time Phone
Same		
Applicant's Email Address		
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.		
See attached		9/16/19
Property Owner's Name (Print)	Property Owner's Signature	Date
Address	City, State, & ZIP Code	Day Time Phone

APPLICATION NUMBER **9568**

SIGN I.D. NUMBER

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):		
<input checked="" type="checkbox"/> WALL MOUNTED	<input type="checkbox"/> FREESTANDING	<input type="checkbox"/> DIRECTORY/ID.
<input type="checkbox"/> MENU BOARD	<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> OTHER		
ILLUMINATED SIGNS:		
<input type="checkbox"/> NUMBER OF LAMPS	<input type="checkbox"/> WATTAGE	
<input type="checkbox"/> NUMBER OF TRANSFORMERS	<input type="checkbox"/> VOLTAGE	
<input type="checkbox"/> ELECTRICAL CIRCUITS	<input type="checkbox"/> AMPERAGE	
SITE INFORMATION:		
<input type="checkbox"/> LOT FRONTAGE 809'	<input type="checkbox"/> TENANT FRONTAGE 463'	
(IN LINEAR FEET)	(IN LINEAR FEET)	
<input type="checkbox"/> HEIGHT FROM GRADE 16'		
<input type="checkbox"/> SIGN LENGTH 23'4"	<input type="checkbox"/> SIGN HEIGHT 2'	
<input type="checkbox"/> TOTAL SQUARE FOOTAGE 47		

OFFICE USE ONLY Totals for Two Illum. Signs.

FEES:		MILESTONE DATES:	
ESCROW*	\$ 180.00	Applied on:	9-30-19
APPLICATION 2e135*	\$ 270.00	Approved on:	10-8-19
PLAN REVIEW	\$ - .00	Issued on:	10-14-19
INSPECTIONS (2 x \$45)	\$ 90.00	Expires on:	04-14-20
OTHER \$6.81	\$ 69.00		
47+22			
TOTAL PERMIT FEE	\$ 609.00	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.

CONTRACTOR PAID

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60105
Phone: 630.350.8418 Fax: 630.350.3449

PERMIT APPLICATION

9547

PERMIT INFORMATION

RESIDENTIAL

MULTI-RESIDENTIAL

✓ NON-RESIDENTIAL

1050 S. COUNTY LINE		P.I.N. 0374 406 047
SITE ADDRESS	UNIT NUMBER	ZONING DISTRICT
DESCRIPTION OF WORK: Provide Single Fire Sprinkler System for Clubhouse		ESTIMATED COST \$ 23,875

GENERAL CONTRACTOR	EMAIL	Day Time Phone
Triumph Construction	toddh@triumphconstructionservices.com	# 38703
ADDRESS	City	State & ZIP
425 N. Martinglae Rd, Suite 1280	Schaumburg	IL, 60173
LICENSED PLUMBING CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED ELECTRICAL CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED ROOFING CONTRACTOR	EMAIL	Day Time Phone
United States Alliance Fire Protection	jane.martens@usafp.us	224-433-5663
ADDRESS	City	State & ZIP
28427 N. Ballard, Unit H	Lake Forest	IL, 60045

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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.

Jane Martens

Applicant's Name (Print)

28427 N. Ballard, Unit H

Address

jane.martens@usfp.us

Applicant's Email Address

Correspondence and escrow funds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Applicant's Signature

Lake Forest, IL 60045

City, State & ZIP

9/20/19

Date

224-433-563

Day Time Phone

Property Owner's Name (Print)

Address

Property Owner's Signature

Lake Forest, IL 60045

City, State & ZIP

Date

10-16-19

Day Time Phone

BUILDING INFORMATION (check all that apply)

New Construction
Alteration

Addition
Accessory

Name of Business on Site (non-residential)

Storm-water Permit Required Yes No

Milestone Dates

9-24-19 Applied

10-17-19 Approved

10-18-19 Issued

4-18-20 Expires

Approved by

Paid by:

OFFICE USE ONLY

FEES:

ESCROW \$ 180.00

APPLICATION \$ 100.00

PLAN REVIEW \$ 27.00

INSPECTIONS (1 x \$35/\$45) \$

HYDROSTATIC OTHER \$ 150.00

OTHERS

TOTAL FEES DUE \$ 457.00