



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

November 15, 2019

President
Frank DeSimone

Board of Trustees

Rita Camone
Ann Franz
Marie T. Frey
Melanie Tomas
Nicholas Pomicola Jr.
Armando Perez

Village Clerk
Nancy Dunn

Village Manager
Evan K. Summers

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."

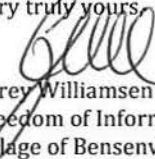
After a search of Village files, the following information was found responsive to your request:

- 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 3418 Fax: 630 350 3426

PERMIT APPLICATION

Application Number
8680

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

1050 S. COUNTY LINE ROAD

N/A 03.25.200.008

RS-1/PUD

SITE ADDRESS

UNIT NO

PIN

ZONING DISTRICT

.00

SITE CLEARING & MASS GRADING

\$1,000,000

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: 475 N. MARTIN LUTHER KING JR. DR. SUITE 1280 CITY, STATE & ZIP: SCHAUMBURG, IL 60173

PHONE: 847-608-7982 E-MAIL: jeffd@triumphconstructservices.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 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 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

Jeffrey P. Houze as agent

10/5/18

Applicant's Name (Print)

Applicant's Signature

Date

165 W. Lake St

Northlake, IL 60164

630-747-6350

Address

City, State & ZIP

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 provisions of the applicable code and ordinances of this permit.

Greg Rzedzien

P. C. Q.

10/5/18

Property Owner's Name (Print)

Property Owner's Signature

Date

165 W. Lake St

Northlake, IL 60164

847-924-0064

Address

City, State & ZIP

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction
 Alteration

Addition
 Accessory

Storm-water Permit Required Yes NO

Milestone Dates:

Fees:

10-10-18 Applied

ESCROW \$ 1250

3-4-19 Approved

APPLICATION \$ 400

5-14-19 Issued

PLAN REVIEW \$ 23,175.51

11-14-19 Expires

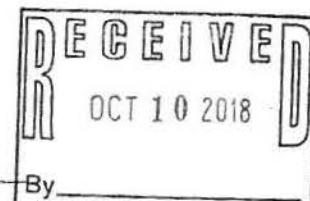
INSPECTIONS (12x\$35) (\$45) \$ 540

Stormwater \$ 3914

OTHER \$

TOTAL FEES DUE \$ 29,279.51

PAID BY:



APPROVED BY:

Oliver
ch # 1015

PAGE 1

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

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

SITE ADDRESS _____ UNIT No. _____ P.I.N. _____ ZONING DISTRICT _____

Construction of footings & foundations for Sports Facility Complex

\$ 357,200

DESCRIPTION OF WORK

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

ESTIMATED COST

GENERAL CONTRACTOR: Triumph Construction Services Corporation

38703

ADDRESS: 425 N. Martingale Road, Suite 1280

CITY, STATE & ZIP: Schaumburg, IL 60173

PHONE: 847-608-7982

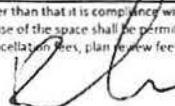
E-MAIL: jeffd@triumphconstructionservices.com

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 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 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



1/15/2019

165 West Lake Street

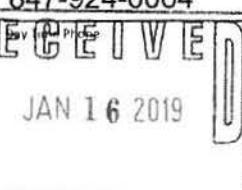
Northlake, IL 60164

Address

City, State & ZIP

Date: 847-924-0064

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

Property Owner's Signature

1/15/2019

Property Owner's Name (Print)

Northlake, IL 60164

Date: 847-924-0064

165 West Lake Street

City, State & ZIP

Day Time Phone

Address

City, State & ZIP

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes NO

PAID BY: _____

Milestone Dates:

Applied

Fees:

ESCROW \$ _____

Approved

APPLICATION \$ _____

Issued

PLAN REVIEW \$ _____

Expires

INSPECTIONS (\$35/\$45) \$ _____

OTHER \$ _____

OTHER \$ _____

APPROVED BY: _____

TOTAL FEES DUE \$ _____

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)

SITE ADDRESS

UNIT No.

T.B.D.

C-2

ZONING DISTRICT

Construction of Air-Supported Structure & Club House

\$ T.B.D. 10,000

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 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 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)

165 West Lake Street

Date

847-924-0064

Address

Applicant's Signature

Northlake, IL 60164

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)

165 West Lake Street

Date

847-924-0064

Address

Property Owner's Signature

Northlake, IL 60164

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-Water Permit Required Yes NO

Milestone Dates:

2-5-19 Applied

Fees:

ESCROW \$ 900

3-4-19 Approved

APPLICATION \$ 1000

8-22-19 Issued

Bldg - PLAN REVIEW \$ 5049

2-22-20 Expires

INSPECTIONS (2x\$35/645) \$ 1170

WATER/SANITATION OTHER \$ 7500

WATERMETER OTHER \$ 1440

TOTAL FEES DUE \$ 17,059.00

APPROVED BY: *Signature*

LICENSED CONTRACTOR INFORMATION
COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
TBD. ALL AMERICAN EXT. SOLUTIONS	LCRUZE AAEXS.COM	847 438 4131
150 OAKWOOD DR	LAKE ZURICH	IL 60047

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE

ELECTRICAL

LICENSED CONTRACTOR	EMAIL	Day Time Phone
TBD. VOX ELECTRIC	TRAYE VOXELECTRIC.COM	630 550 5170
1281 HUMBRACHT CIRCLE	BARTLETT	IL 60103

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

PLUMBING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
TBD. CBM PLUMBING	JON R C CBMPLUMBING.COM	630 837 7670
1532 HECHT DR	BARTLETT	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

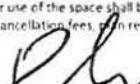
E-MAIL: jeffd@triumphconstructionservices.com

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 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 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)

165 West Lake Street

Applicant's Signature

Date

847-924-0064

Address

greg@gotologistics.net

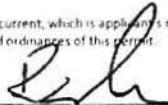
Northlake, IL 60164

Day Time Phone

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)

165 West Lake Street

Property Owner's Signature

Date

847-924-0064

Address

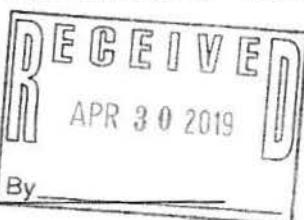
Northlake, IL 60164

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 \$ 1 -

INSPECTIONS (3 X \$25) \$ 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

1050 S County Line Road

SITE ADDRESS

UNIT NO

PIN

ZONING DISTRICT

Installation of a new fire alarm system

DESCRIPTION OF WORK

\$ 14,855.00

ESTIMATED COST

Name of Business on Site (non-residential): B1 Jackson Sports Facility

Alum
GENERAL CONTRACTOR: WhiteTech Fire & Security

ADDRESS: 109 Fairfield Way Ste 305 CITY, STATE & ZIP: Bloomingdale IL 60108

PHONE: 630 307 8805 E-MAIL: robert@whitechaintech.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 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 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.

Robert Pott

Applicant's Name (Print)

R.Pott

08/07/19

109 Fairfield Way Ste 305

Address

Bloomingdale IL 60108

City, State & ZIP

630 307 8805

Day Time Phone

robert@whitechaintech.com

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 of this permit.

Greg Rzedzian

Property Owner's Name (Print)

x R.R.

Property Owner's Signature

8.20.2019

Date

Address

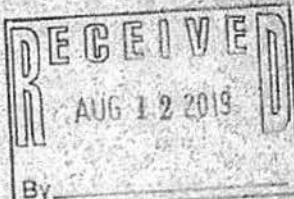
City, State & ZIP

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: SD

Fees:

ESCROW \$ 180.00

APPLICATION \$ 100.00

PLAN REVIEW \$ 27.00

INSPECTIONS (1X\$35/\$45) \$ 45.00

ACCEPT TEST OTHERS \$ 150.00

OTHERS \$ —

TOTAL FEES DUE \$ 502.00

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 No.

9529

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL1050 County Line Rd. Bensenville, 60106 N10

03-26-200 008 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 #40502ADDRESS: 425 N Martingale Rd, Ste 1280, STATE & ZIP Schaumburg, IL 60173PHONE: 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)

9/18/19

115 Carmela Ct.

Address

Bloomingdale, IL 60108

City, State & ZIP

847-924-0064

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.

Grzegorz Rzedzian

Property Owner's Name (Print)

9/18/19

115 Carmela Ct.

Address

Bloomingdale, 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 Applied9-18-19 Approved9-19-19 Issued3-19-20 Expires

Fees:

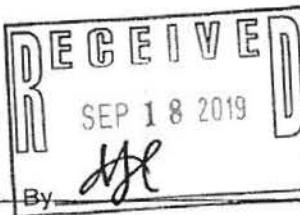
ESCROW \$ 1250 -APPLICATION \$ 400 -PLAN REVIEW \$ 1540 -INSPECTIONS (1 X \$35 (\$45)) \$ 45 -

OTHER \$ _____

OTHER \$ _____

TOTAL FEES DUE \$ 3235 ⁰⁰

PAID BY:



APPROVED BY:

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
125 Center St. Bensenville, IL 60105
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

9547

PERMIT INFORMATION

RESIDENTIAL

MULTI-RESIDENTIAL

✓ NON-RESIDENTIAL

1050 S. COUNTY LINE
1050 S. County Line Road

SITE ADDRESS

UNIT NUMBER

P.I.N. 0374406047

ZONING DISTRICT

DESCRIPTION OF WORK: Provide Single Fire Sprinkler System for Clubhouse

ESTIMATED COST \$ 23,875

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

OWNER AND APPLICANT INFORMATION

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

9/20/19

Applicant's Name (Print)
28427 N. Ballard, Unit HApplicant's Signature
Jane MartensDate
224-433-5663Address
jane.martens@usafp.us

City, State & ZIP

Day Time Phone

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.

10.16.19

X Property Owner's Name (Print)

Date
708 338 0303

Address

Property Owner's Signature
TOMAS REEDZIAN
City, State & ZIP

Day Time Phone

BUILDING INFORMATION (check all that apply)

New Construction
AlterationAddition
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

OFFICE USE ONLY

FEES:

ESCROW \$ 180.00

APPLICATION \$ 100.00

PLAN REVIEW \$ 27.00

INSPECTIONS (\$150.00-\$45.00)

HYDROSTATIC \$ 150.00

OTHERS \$ 0.00

TOTAL FEES DUE \$ 457.00

Approved by

Paid by: