



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

March 25, 2022

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Frank DeSimone

Board of Trustees
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Nancy Quinn

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Mr. Steven Harczos
4979 Indiana Avenue
Lisle, Illinois 60532

Re: March 24, 2022 FOIA Request

Dear Mr. Harczos:

I am pleased to help you with your March 24, 2022 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on March 24, 2022. You requested copies of the items indicated below:

"Looking for the most recent permits and permit applications for 213 Main St."

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

- 1) Village of Bensenville Permits Issued to 213 Main Street Since January 1, 2008. (1 pg.)
- 2) Village of Bensenville Permit Application No. 8320. (1 pg.)
- 3) Village of Bensenville Permit Application No. 10242. (1 pg.)
- 4) Village of Bensenville Permit Application No. 11702. (1 pg.)
- 5) Village of Bensenville Permit Application No. 11778. (2 pgs.)

These are all the records found responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords, or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5ILCS 140/2(c-5). Consequently, certain identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: publicaccess@atg.state.il.us. You may also have a right of judicial review of the denial under Section 11 of the FOIA, 5 ILCS 140/11.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,


Corey Williamsen
Freedom of Information Officer
Village of Bensenville

Location	Municipality	App Status	User Status	Application Recv'd	Project/Activity Desc Line 2
213 WEST MAIN STREET	BENSENVILLE	EXPIRED	FINALED	07/30/2020	R/R CEILING TILES & PART OF DRYWALL
213 WEST MAIN STREET	BENSENVILLE	ACTIVE	FINALED	12/23/2021	CEMENT FLOOR
213 WEST MAIN STREET	BENSENVILLE	ACTIVE	ACTIVE	02/28/2022	TENANT IMPROVEMENT
213 WEST MAIN STREET	BENSENVILLE	ACTIVE	CLOSED BY INSPECTOR	06/21/2018	RE-ROOF

PERMIT APPLICATION

Application Number

8320

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

213 Main St

C-3

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Install new roof over existing (4 layers) \$7,600.00

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): SweetCreation Bakery

GENERAL CONTRACTOR: Tomas T. Roofing Services

ADDRESS: 2032 N. Nordica CITY, STATE & ZIP: Chicago, IL 60707

PHONE: (773) 671-4154 E-MAIL: TTroofingservices@gmail.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.

Tomas Torres

Applicant's Name (Print)

Tomas Torres

Applicant's Signature

06/21/18

2032 N. Nordica

Address

Chicago IL 60707

City, State & ZIP

(773) 671-4154

Date

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.

Natalia Linares

Property Owner's Name (Print)

Property Owner's Signature

Date

Address

City, State & ZIP

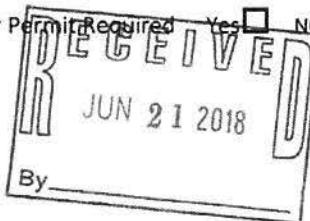
Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes NO



PAID BY:

Milestone Dates:

6-21-18 Applied

7-11 Approved

7-1 Issued

12-21-18 Expires

Fees:

ESCROW \$ 90

APPLICATION \$ 30

PLAN REVIEW \$ 0

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

OTHER \$ 0

OTHER \$ 0

TOTAL FEES DUE \$ 165

APPROVED BY: MP
Ch # 9463

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

10242

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

213 W MAIN STREET

03-14-210-028 C-1

SITE ADDRESS

UNIT No.

R.I.N.

ZONING DISTRICT

REPLACE CEILING TILES & PART OF DRYWALL

BROKEN

\$3000

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): VACANT UNIT (FORMERLY BAKERY)

GENERAL CONTRACTOR:

37343

ADDRESS:

CITY, STATE & ZIP:

PHONE:

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 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.

NATALIA LINARES

Applicant's Name (Print)

Natalia Linares

Applicant's Signature

07/30/2020

2700 W 50TH ST

Address

CHICAGO, IL 60632

City, State & Zip

Date

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.

NATALIA LINARES

Property Owner's Name (Print)

Natalia Linares

Property Owner's Signature

07/30/2020

2700 W 50TH ST

Address

CHICAGO, IL 60632

City, State & Zip

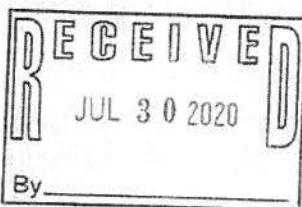
Date

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes No 

PAID BY: _____

Milestone Dates:

7-30-20 Applied

8- Approved

9- Issued

1-30-21 Expires

Fees:

ESCROW \$ 90

APPLICATION \$ 30

PLAN REVIEW \$

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

OTHER \$

OTHER \$

TOTAL FEES DUE \$ 165

APPROVED BY: _____

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.

11702

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

213 W main st

UNIT No.

P.I.N.

ZONING DISTRICT

SITE ADDRESS

03-14-210-028

C1

New cement floor -

\$ 19,000

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential):

GENERAL CONTRACTOR: _____ CUSTOMER # _____

ADDRESS: _____ CITY, STATE & ZIP: _____

PHONE: _____ E-MAIL: _____

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

OWNER AND APPLICANT INFORMATION

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Natalia Linares

Applicant's Name (Print)

Natalia Linares

Date

12/23/21

2700 W 50th st

Address

Chicago, IL 60632

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.

Same as above

Property Owner's Name (Print)

Natalia Linares

Date

12/23/21

Address

City, State & ZIP

Day Time Phone

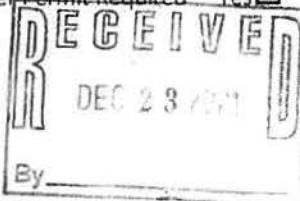
Email Address:

OFFICE USE ONLY

BUILDING INFORMATION

New Construction
 Alteration

Addition
 Accessory

Storm-water Permit Required Yes NO 

PAID BY: Owner

Milestone Dates:

12-23-21 Applied

12-30-21 Approved

1.4.22 Issued

7.4.22 Expires

Fees:

ESCROW \$ 180.00

APPLICATION \$ 100.00

PLAN REVIEW \$ 27.00

INSPECTIONS (2X\$35/845) \$ 90.00

OTHER \$ _____

OTHER \$ _____

TOTAL FEES DUE \$ 397.00

APPROVED BY: L C

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

11778

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

213 W. Main Street

03 - 14 - 210 - 027

C-1

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Tenant Improvement for community health clinic

\$ 300,000.00

DESCRIPTION OF WORK

Name of Business on Site (non-residential): VNA Health Care

ESTIMATED COST

GENERAL CONTRACTOR: TBD

ADDRESS:

CITY, STATE & ZIP:

PHONE:

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 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.

Amy Baudouin

2.25.2022

Applicant's Name (Print)

400 S. Highland Avenue

Applicant's Signature

Date

630.482.8109

Address

Aurora, IL 60506

Day Time Phone

abaudouin@vnahealth.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.

Natalia Linares

2-25-2022

Property Owner's Name (Print)

2700 W. 50th Street

Property Owner's Signature

Date

Address

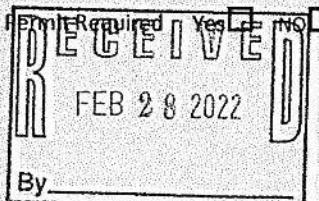
Chicago, IL 60632

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes No

PAID BY: _____

Milestone Dates:

2-28-22 Applied

Fees:

ESCROW \$ 225.00

Approved

APPLICATION \$ 400.00

Issued

PLAN REVIEW \$ 455.00

Expires

INSPECTIONS (1) \$ 38.45 \$ 540.00

APPROVED BY: _____

OTHER \$ _____

OTHER \$ _____

TOTAL FEES DUE \$ 1,620.00

LICENSED CONTRACTOR INFORMATION
COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR n/a	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE

ELECTRICAL

LICENSED CONTRACTOR TBD	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

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

PLUMBING

LICENSED CONTRACTOR TBD	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

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