



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

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September 15, 2023

Mr. Albert Lomeli

28600 Bella Vista Parkway

Warrenville, Illinois 60555

Re: September 13, 2023 FOIA Request

Dear Mr. Lomeli:

I am pleased to help you with your September 13, 2023 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on September 13, 2023. You requested copies of the items indicated below:

"Please provide a copy of all building permit applications for 220 N York Rd. Logistics + between the dates of 6/1/23 - 9/13/23. Also include a list if all contractors associated with the address listed above and a copy of the electrical contractors license used within the same dates."


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

- 1) Village of Bensenville Permit Application. (2 pgs.)
- 2) Village of Bensenville Permit Application No. 13175. (2 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

FREEDOM OF INFORMATION ACT

REQUEST FORM

TO: COREY WILLIAMSEN

Freedom of Information Officer
Village of Bensenville
12 S. Center Street
Bensenville, IL 60106

FROM:

Name Albert Lomeli

Address 28600 Bella Vista Pkwy
Warrenville, IL 60555

Phone 630-393-1701

E-Mail alomeli@ibew701.org

14243

TITLES OR DESCRIPTION OF RECORDS REQUESTED (Please Include Date of Birth and Case Number for Police Records):

Please provide a copy of all building permit applications for 220 N York Rd. Logistics + between the dates of 6/1/23-9/13/23. Also include a list of all contractors associated with the address listed above and a copy of the electrical contractors license used within the same dates. Thank you

☐ THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

Would like your request delivered via: ☒ E-Mail ☐ U.S. Mail ☐ Pick-Up*

*Pick-Up is available by appointment at Village Hall Monday thru Friday; between 8:00 a.m. – 5:00 p.m.

I understand that any payment need be received before any documents are copied and/or mailed.

9/13/23

Date

Signature

All FOIA responses are posted on the Village's website. Name and address of the requestor will be made public.

The first fifty (50) pages of the request are free. The fee charge is fifteen (15) cents after the first fifty (50) pages.

Unless otherwise notified, your request for public records will be compiled within five (5) working days.

Unless otherwise notified, any request for commercial purposes will be compiled within twenty-one (21) days working days.

COREY WILLIAMSEN, FREEDOM OF INFORMATION OFFICER

Telephone: (630) 350-3404 Facsimile: (630) 350-3438

E-mail Address: FOIArequest@bensenville.il.us

For Freedom of Information Officer Use Only

9/13/23

Date Request
Received

9/20/23

Date Response
Due

9/27/23

Date Extended
Response Due

\$0

Total Charges

9/15/23

Date Documents
Copied or Inspected

Received by Employee: _____

VILLAGE OF BENSENVILLE

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

PERMIT APPLICATION

Application Number

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

220 North York Rd. Bensenville, IL 60106

03 _ 14 _ 209 _ 045 0000

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Install Pallet Racking per included attachments

\$71,000.00

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Logistics Plus, Inc.

GENERAL CONTRACTOR: Koppco Material Handling

ADDRESS: 541 Bruner Place CITY, STATE & ZIP: Hinsdale, IL 60521

PHONE: 630-286-0659 E-MAIL: matt@koppco.net

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.

Matt Kapfhammer

Applicant's Name (Print)

Matt Kapfhammer

Applicant's Signature

06-20-2023

Date

519 Bruner Place

Address

Hinsdale, IL 60521

City, State & ZIP

630-286-0659

Day Time Phone

matt@koppco.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.

MetLife c/o Stream Realty Partners, LP

Property Owner's Name (Print)

C. J. P. P.

Property Owner's Signature

6/20/2023

Date

6250 N. River Road, Suite 6025

Address

Rosemont, IL 60018

City, State & ZIP

708-667-8473

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: _____

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

LICENSED CONTRACTOR	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	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

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

PERMIT APPLICATION

Application Number

13175

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

220 N. York Rd

SITE ADDRESS

UNIT No.

P.J.N.

ZONING DISTRICT

I-2

Add new fire sprinklers from existing outlets in accordance with NFPA 13 and Local Fire Code.

\$ 10,204

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential):

Logistics Plus

GENERAL CONTRACTOR: Logistics Plus

CUSTOMER #

ADDRESS: 220 N. York Rd.

CITY, STATE & ZIP: Bensenville, IL

PHONE: 773-892-4660

E-MAIL: christian.marz@logisticsplus.net

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 plan 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.

United States Alliance Fire Protection

Applicant's Name (Print)

Applicant's Signature

7/27/23

Date

28427 N. Ballard, Unit H

Lake Forest, IL 60045

224-433-5663

Address

City, State & ZIP

Day Time Phone

jane.martens@usafp.us

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.

Casey Polmanski c/o MCP 220 York LLC

Property Owner's Name (Print)

Property Owner's Signature

Date

6250 N. River Road, Suite 6025

Rosemont, IL 60018

708-667-8473

Address

City, State & ZIP

Day Time Phone

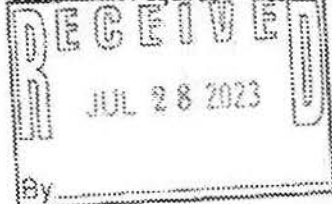
Email Address:

OFFICE USE ONLY

BUILDING INFORMATION

- ☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☒ NO ☐



PAID BY:

USAFP

Milestone Dates:

06-30-23 Applied
07-28-27 Approved
8.2.23 Issued
2.2.24 Expires

Fees:

ESCROW \$ 100.00
APPLICATION \$ 100.00
PLAN REVIEW \$ 27.00
INSPECTIONS (1 X \$35 / \$45) \$ 45
OTHER \$
OTHER \$
TOTAL FEES DUE \$ 352.00

APPROVED BY:

PERMIT APPLICATION

Application Number
13175

RESIDENTIAL

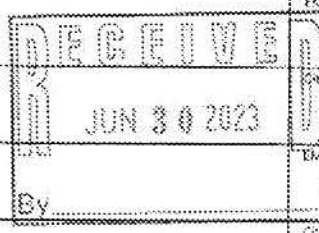
MULTI-RESIDENTIAL

NON-RESIDENTIAL

PERMIT INFORMATION

220 N. York Road		P.I.N. _____
SITE ADDRESS	UNIT NUMBER	ZONING DISTRICT
DESCRIPTION OF WORK: Add new fire sprinklers from existing outlets in accordance with NFPA 13 and Local Fire Code.		ESTIMATED COST \$ 10,204

GENERAL CONTRACTOR Logistics Plus	EMAIL christian.marz@logisticsplus.net	Day Time Phone 773-892-4560
ADDRESS	City	State & ZIP
LICENSED PLUMBING CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED ELECTRICAL CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
XXXXXXXXXX CONTRACTOR Fire Sprinkler United States Alliance Fire Protection	EMAIL jane.martens@usaip.us	Day Time Phone 224-433-5663
ADDRESS	City	State & ZIP



34101

OWNER AND APPLICANT INFORMATION

By electronic submission to either the permit or application in having the work completed under other means than that of 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/or 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	<i>Jane Martens</i>	6/23/23
Applicant's Name (Print) 28427 N. Ballard, Unit H	Applicant's Signature Lake Forest, IL 60045	Date 224-433-5663
Address jane.martens@usaip.us	City, State & ZIP	Day Time Phone
Applicant's Email Address		
Casey Polmanski c/o MCP 220 York LLC	<i>Casey Polmanski</i>	6/28/2023
Property Owner's Name (Print) 6250 N. River Road, Suite 6025	Property Owner's Signature Rosemont, IL 60018	Date 708-667-8473
Address	City, State & ZIP	Day Time Phone

BUILDING INFORMATION (check all that apply)	OFFICE USE ONLY
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Name of Business on Site (non-residential) Storm-water Permit Required Yes No	Milestone Dates 6-30-23 Applied _____ Approved _____ Issued _____ Expires Approved by _____ Paid by _____
	FEES: ESCROW \$ _____ APPLICATION \$ _____ PLAN REVIEW \$ _____ INSPECTIONS (____ X\$35/\$45) \$ _____ OTHER \$ _____ OTHERS _____ TOTAL FEES DUE \$ _____