



12 South Center Street
Bensenville, IL 60106

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

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October 4, 2024

Mr. Steven Harczos
4979 Indiana Avenue, Suite 202
Lisle, Illinois 60532

Re: October 2, 2024 FOIA Request

Dear Mr. Harczos:

I am pleased to help you with your October 2, 2024 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on October 2, 2024. You requested copies of the items indicated below:

"I'm looking for the permits and permit applications for 800 Irving Park Rd."

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

- 1) Village of Bensenville Permit Number 1122. (1 pg.)
- 2) Village of Bensenville Permit Number 7659. (1 pg.)
- 3) Village of Bensenville Permit Number 14321. (1 pg.)

These are all the records found responsive to your request.

Signatures, Personal Addresses and Personal Phone Numbers have been withheld under Section 7(1)(b) of FOIA.

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 complied 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: public.access@ilag.gov. 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



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 Steven Harczos

Address 4979 Indiana Ave. Suit 202.
Lisle IL 60532

Phone 773-818-4224

E-Mail Sharczos@carpentersunion.org

16453

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

I'm looking for the permits and permit applications for 800 Irving Park Rd.

☐

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.

Oct. 2 2024

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

10/2/24
Date Request
Received

10/9/24
Date Response
Due

10/16/24
Date Extended
Response Due

0
Total Charges

10/24/24
Date Documents
Copied or Inspected

Received by Employee: _____

VILLAGE OF BENSENVILLE

PERMIT APPLICATION

Department Of Community Development
Telephone (630) 350-3413

12 S. Cent

ALL PERMITS

SITE ADDRESS 800 West Faving Park Road UNIT NO. _____

PIN NO. _____ LOT NO. _____ SUBDIVISION _____

INTENDED USE ☐ Single Family Residential ☐ Multi-Family Residential ☒ Assembly / Restaurant ☐ Business / Office
☐ Factory / Industrial ☐ Mercantile / Retail ☐ Storage / Warehouse ☐ Institutional / Medical ☐ Other _____

PERMIT TYPE ☐ New Const. ☐ Addition ☐ Alteration / Repair ☐ Accessory Structure ☐ Demolition ☐ Site Improvement

DESCRIPTION OF THE WORK Replace Existing FACP VALUATION \$ 2,700.00

GENERAL CONTRACTOR Alarm Detection Systems PHONE _____

ADDRESS 111 Church Rd Aurora IL 60505

PLUMBER _____ PHONE _____

ADDRESS _____

ELECTRICIAN _____ PHONE _____

ADDRESS _____

ROOFER _____ PHONE _____

ADDRESS _____

ALL PERMITS

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 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.

Applicant's Signature _____ Applicant's Name (Print) Jerry Edwards Date 8-5-10

Address 111 Church Rd Aurora IL 60505 Day/Time Phone _____

I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances for this permit.

Owner's Signature _____ Owner's Name (Print) _____ Date _____

Address _____ Day/Time Phone _____

WHITE - PERMIT LOG CANARY - FILE PINK - COLLECTOR GOLDENROD - TOWNSHIP GREEN - APPLICANT

PERMIT NUMBER

100493 1122

MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE _____

DESCRIBE THE OPERATION OF THE BUSINESS _____

IS THERE ANYTHING HAZARDOUS IN THIS OPERATION? ☐ YES ☐ NO IF YES E

IS A FIRE ALARM SYSTEM IN PLACE? ☐ YES ☐ NO IS THE ENTIRE STRUCTURE

IS A FIRE SPRINKLER SYSTEM IN PLACE? ☐ YES ☐ NO IS THE ENTIRE STRUCTURE

IDENTIFY THE TYPE OF ROOF THIS BUILDING WILL HAVE. ☐ MULTIPLE UNITS ☐

WILL THERE BE ANY BUSINESS SETTING SPACE IN THIS BUILDING UNIT? ☐ Y

APPROXIMATE THE NUMBER OF OCCUPANTS FOR THE ENTIRE BUILDING. _____

TOTAL FLOOR AREA FOR THE ENTIRE BUILDING _____ Sq Ft TOTAL FLOOR AREA

TOTAL NUMBER OF FLOORS _____ AREA OF THE SPACE BEING ALTERED AND

OFFICE USE ONLY

INTSUB	\$ 32.00	WC	\$ 0.00
INTSR	\$ 95.00	WM	\$ 5.00
INTFR	\$ 27.00	FM	\$ 0.00
BLOD	\$ 69.00	SC	\$ 0.00
INSPECT	\$ 84.00	VFC	\$ 0.00
FLRO	\$ 0.00	ADLSUB	\$ 0.00
OCCUP	\$ 0.00	ADLSH	\$ 0.00
SIGN	\$ 0.00	ADLPH	\$ 0.00
DEMO	\$ 0.00	EO	\$ 300.00
ENG	\$ 0.00	MISC	\$ 0.00
TECH	\$ 5.00	I.S.	\$ 150.00

DATE RECEIVED _____

DATE APPROVED _____

APPROVED BY _____

DATE ISSUED _____

EXPIRATION DATE _____

NOTES _____

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

7659

☐ RESIDENTIAL☐ MULTI-RESIDENTIAL☒ NON-RESIDENTIAL

PERMIT INFORMATION

SITE ADDRESS: 800 W IRVING PARK RD UNIT NUMBER: _____ ZONING DISTRICT: _____
DESCRIPTION OF WORK: 7 & 8 60.33 sq of ROOFING ESTIMATED COST: \$29,675.23

GENERAL CONTRACTOR	EMAIL	Day Time Phone
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
LICENSED ROOFING CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP



OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than the State of Illinois. All work shall be completed, inspected and approved as required and no occupancy or use of the applicant shall be responsible for all fees associated with the instant permit, including but limited to cancellation and inspection fees. Understanding the preceding statements, I hereby agree to comply and

approved plans and the applicable codes and ordinances of the Village of Bensenville and the approved in writing by the Department of Community and Economic Development. The

JUAN C. GARCIA
Applicant's Name (Print)

6025 W BELMONT
Address

INTXCP@GMAIL.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.

JOSEPHINDER SINCH
Property Owner's Name (Print)

800 W IRVING PARK RD
Address

CAICAY IL 60634
Applicant's Signature
City, State & ZIP

BENSENVILLE IL 60106
Property Owner's Signature
City, State & ZIP

10-24-2017
Date

Day Time Phone

Day Time Phone

BUILDING INFORMATION (check all that apply)

- ☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Name of Business on Site (non-residential)

Storm-water Permit Required Yes ☐ No ☐

Milestone Dates

10-24-17 Applied
10-30-17 Approved
10-30-17 Issued
4-30-18 Expires

Approved by [Signature]

Paid by: GC

OFFICE USE ONLY

FEES: 90
ESCROW \$ 30
APPLICATION \$ 30
PLAN REVIEW \$ 45
INSPECTIONS (1 X \$35/\$45) \$ 45
OTHER \$ —
OTHERS —
TOTAL FEES DUE \$ 165

PERMIT APPLICATION

14321

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

800 Irving Park Rd

SITE ADDRESS

UNIT No

03 - 14 - 118 - 001

P.I.N.

ZONING DISTRICT

C-2

Demolition of existing building

\$100,000.00

DESCRIPTION OF WORK:

ESTIMATED COST

Name of Business on Site (non-residential): Aria Luxury Apartments

GENERAL CONTRACTOR: A&E Luxury Builders

ADDRESS

CITY, STATE & ZIP:

PHONE: 6306967431

E-MAIL: aeluxrybuilders@gmail.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 consultation fees, plan review fees, and 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.

Pete Baftiri

Applicant's Name (Print)

Applicant's Signature

10/03/2024

Date

Address

City, State & ZIP

6306967431

Day Time Phone

aeluxrybuilders@gmail.com

Applicant's Email Address

Correspondence and motion 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 order.

Aria Luxury Apartments

Property Owner's Name (Print)

Property Owner's Signature

09/03/2024

Date

9610 Franklin Av

Franklin Park IL 60131

6306967431

Address

City, State & ZIP

Day Time Phone

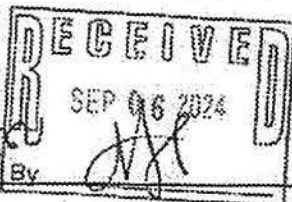
OFFICE USE ONLY

BUILDING INFORMATION

☐ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☒ NO ☐

Preconstruction meeting completed
9-27-24 - LC



PAID BY: NO ESCROW

By

Milestone Dates:

9-6-24 Applied

9-25-24 Approved

9-27-24 Issued

3-27-25 Expires

Fees:

ESCROW \$ —

APPLICATION \$ 100

PLAN REVIEW \$ —

INSPECTIONS (3x\$45/\$45) \$ 135

OTHER \$ —

OTHER \$ —

TOTAL FEES DUE \$ 235.00

APPROVED BY: LC