



12 South Center Street

Bensenville, IL 60106

Office: 630.350.3404

Fax: 630.350.3438

www.bensenville.il.us

VILLAGE BOARD

November 14, 2024

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Frank DeSimone

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Nancy Dunn

Village Manager

Evan K. Summers

Mr. Luz Juarez

Bricklayers' Labor Management Cooperative Cmte.

660 North Industrial Drive

Elmhurst, Illinois 60126

Re: November 7, 2024 FOIA Request

Dear Mr. Juarez:

I am pleased to help you with your November 7, 2024 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on November 7, 2024. You requested copies of the items indicated below:

"Name of Project to be located at 800 W. Irving Park Rd. in Bensenville. List of the General and Sub Contractors approved for this project. Copies of the Permits, Business Licenses and the Insurance Certificates for the General and Sub Contractors who will be performing the work on this project."

Records Responsive to your request are enclosed. Signatures and Policy Numbers Have been withheld under Section 7(1)(b) of FOIA.

Please be advised that this permit is currently under Staff Review and has not been issued.

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 with possibility of attribution to any person." 5 ILCS 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 Luz Juarez
Address Bricklayers' Labor Mgmt. Cooperative Cmte.
660 N. Industrial Drive, Elmhurst, IL 60126
Phone 630/600-3829
E-Mail ljuarez@lmcc-il.com

17228

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

Name of Project to be located at 800 W. Irving Park Rd. in Bensenville. List of all the General and Sub Contractors approved for this project. Copies of the Permits, Business Licenses, and the Insurance Certificate for the General and Sub Contractors who will be performing the work on this project.

D 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.

11/7/2024

Luz Juarez

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: F01Arequest@bensenville.il.us

For Freedom of Information Officer Use Only

11/7/24
Date Request Received

11/14/24
Date Response Due

11/21/24
Date Extended Response Due

\$0
Total Charges

11/14/24
Date Documents Copied or Inspected

Received by Employee: _____

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
14438

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

800 W Irving Park

03-14-118-001

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

\$ **15M**

ESTIMATED COST

New mixed use Building

DESCRIPTION OF WORK

Name of Business on Site (non-residential): Aria Luxury ApartmentsGENERAL CONTRACTOR: A&E Luxury Builders

CUSTOMER #

46558ADDRESS: 5s541 Radcliff RdCITY, STATE & ZIP: Naperville IL 60563PHONE: 630-696-7431E-MAIL: aeluxurybuilders@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 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.

A&E Luxury Builders

10/22/2024

Applicant's Name (Print)

5s541 Radcliffe Rd

Applicant's Signature

Date

Address

aeluxurybuilders@gmail.com

Naperville IL 60563

630-696-7431

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.

Aria Luxury Apartments

10/22/2024

Property Owner's Name (Print)

9610 Franklin Av

Property Owner's Signature

Date

Address

aeluxurybuilders@gmail.com

Franklin park IL 60131

630-696-7431

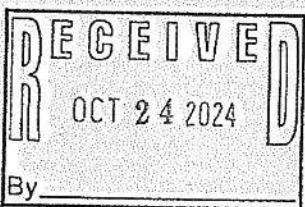
City, State & ZIP

Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

Accessory Addition
 New Construction Alteration
 Pre-Construction Meeting Required
 Pre-Construction Meeting Completed _____



Milestone Dates:

Fees:

10-24-24 Applied

ESCROW \$ _____

Approved

APPLICATION \$ _____

Issued

PLAN REVIEW \$ _____

Expires

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

APPROVED BY: _____

OTHER \$ _____

OTHER \$ _____

TOTAL FEES DUE \$ _____

PAID BY: _____

LICENSED CONTRACTOR INFORMATION
COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR NPSE Home Solution PLLC	EMAIL shaunak@hxhomesolutions.com	Day Time Phone 773-952-9632
ADDRESS 1840 Industrial Dr STE 100	City Libertyville	State & ZIP IL 60048

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE

ELECTRICAL

LICENSED CONTRACTOR Voltage Enterprise	EMAIL pjndn360@gmail.com	Day Time Phone 630-618-1908
ADDRESS 5918 W Irving Park Rd	City Chicago	State & ZIP IL

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

PLUMBING

LICENSED CONTRACTOR Expert Plumbing	EMAIL atwconstruction@gmail.com	Day Time Phone 847-962-3613
ADDRESS 1290 Glen Lane	City Hofman Estate	State & ZIP IL 60169

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

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.

104.019045
105.009276

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2025

LICENSED ROOFING CONTRACTOR
UNLIMITED



NPSE HOME SOLUTIONS, PLLC
DBA HX HOME SOLUTIONS
1840 INDUSTRIAL DR STE 100
LIBERTYVILLE, IL 60048-9400



MARIO TRETO, JR.
SECRETARY



CAMILLE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

18422262



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Leech Bridges, Inc 1717 Lewis Ave Zion, IL 60099	CONTACT NAME: Michael K. Best PHONE (A/C, No, Ext): (847) 872-4982 x112 E-MAIL: mbest@leechbridges.com ADDRESS:
INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company NAIC # 10677 INSURER B: Liberty Mutual AWC INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGE **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY PRO-JECT LGC OTHER:			10/03/2024	10/03/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNER AUTOS ONLY ✓ SCHEDULED AUTOS Hired AUTOS ONLY ✓ NON-OWNED AUTOS ONLY			10/03/2024	10/03/2025	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
A	✓ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS			10/03/2024	10/03/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 OTHER \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			03/27/2024	03/27/2025	PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE, \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance	
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CERTIFICATE HOLDER NPSE Home Solutions LLC 1840 Industrial Dr Ste. 100 Libertyville, IL 60048	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE [Redacted]	

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EH0197307

**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This license, permit, certification, or registration is granted under the provisions of
the Illinois Public Health Code, rules and regulations, and is hereby authorized to engage in the activity as
described below.

State of Illinois
Illinois Department of
Public Health

EXPIRATION DATE	CURRENT	LC NUMBER
09/20/2024	64	055-044857

**EXPERT PLUMBING CORP.
PLUMBING CONTRACTOR**

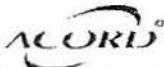
REGISTRATION

EXPERT PLUMBING CORP.
1200 CLAY LANE
FORMAN'S ESTATES (IL 60169)

Luisa Dabros

07

COA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IMA, Inc. - Salt Lake City 95 S State Street Suite 1300 Salt Lake City UT 84111		CONTACT NAME: Christine Brimhall PHONE (A/C, No. Ext): 801-325-5033 E-MAIL: christine.brimhall@imacorp.com ADDRESS:	FAX (A/C, No.):
		INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Fire Insurance Company	NAIC # 19682
INSURED LGCY Installation Services, LLC 3333 Digital Drive, Suite 600 Lehi UT 84043		INSURER B : Colony Insurance Company	39993
		INSURER C : StarNet Insurance Company	40045
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1624861770 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	[REDACTED]	10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 1,000,000 \$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC					MED EXP (Any one person)	\$ 10,000	
	OTHER:					PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	[REDACTED]	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ex accident) BODILY INJURY (Per person)	\$ 1,000,000 \$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	Y Y	[REDACTED]	10/1/2024	10/1/2025	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ n						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	[REDACTED]	10/1/2024	10/1/2025	X PER STATUTE E.L. EACH ACCIDENT	OTH-ER \$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
B	Professional Liability Pollution Liability Automobile Physical Damage	Y Y	[REDACTED]	10/1/2024 10/1/2024 6/1/2024	10/1/2025 10/1/2025 6/1/2025	See Below See Below Comp. Ded. \$1,000	Coll. Ded. \$1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability: \$1,000,000 Per Claim; \$1,000,000 Aggregate; \$10,000 Retention; Retroactive Date: 8/21/2021.
Pollution Liability: \$1,000,000 Each Pollution Condition Limit; \$1,000,000 Aggregate; \$10,000 Retention; Retroactive Date: 8/21/2021.
Certificate Holder and all other parties required by the contract are included as Additional Insured with Ongoing and Completed Operations on the General Liability Policy and Additional Insured on the Automobile Liability, Professional Liability and Excess Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. This Insurance is Primary & Non-Contributory on the General Liability, Automobile Liability and Professional Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions.
A Waiver of Subrogation is provided in favor of the Certificate Holder and all other parties required by the contract on the General Liability, Automobile Liability, Excess Liability, Professional Liability and Workers Compensation Policies, if required by written contract or agreement, subject to the policy terms and conditions.
See Attached...

CERTIFICATE HOLDER		CANCELLATION	
Bensenville Village (IL) 12 S Center Street Bensenville IL 60106		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE [REDACTED]	

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AGENCY CUSTOMER ID: LGCY1101-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY IMA, Inc. - Salt Lake City		NAMED INSURED LGCY Installation Services, LLC 3333 Digital Drive, Suite 600 Lehi UT 84043
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

conditions.
Excess Liability policy is in excess of the General Liability and Employers Liability Policies subject to the policy terms and conditions.