



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

President
Frank DeSimone

Board of Trustees
Rosa Carmona
Ann Franz
Marie T. Frey
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Nicholas Panicola Jr.
Armando Perez

Village Clerk
Nancy Quinn

Village Manager
Daniel Schulze

February 7, 2025

Mr. Luz Juarez
660 North industrial Drive
Elmhurst, Illinois 60126

Re: February 7, 2025 FOIA Request

Dear Mr. Juarez:

I am pleased to help you with your February 7, 2025 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on February 7, 2025. You requested copies of the items indicated below:

"Name of the Project at 740 County Line Road in Bensenville., List of all the general and Sub Contractors for this project. Copies of Permits, Business License and Ins. Certificates."

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

- 1) Village of Bensenville Permit Application No 14235. (8 pgs.)


Signatures and policy 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 Luz Juarez

Address 660 North Industrial Drive
Elmhurst, IL 60126

Phone 630/600-3829

E-Mail ljuarez@lmcc-il.com

17739

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

Name of the Project at 740 County Line Road in Bensenville.

List of all the General and Sub Contractors approved for this project. Copies of the Permits, Business Licenses and Insurance Certificates for the General and Sub Contractors.

☐ 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.

2/7/2025

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

2/7/25
Date Request
Received

2/18/25
Date Response
Due

2/25/25
Date Extended
Response Due

\$0 -
Total Charges

2/7/25
Date Documents
Copied or Inspected

Received by Employee: _____

PERMIT APPLICATION

Application Number
14235

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

740 County Line Road, Bensenville, IL

03 - 24 - 406 - 027 1-1

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

New office and warehouse facility

\$ 4,000,000.00

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Auto Chlor

GENERAL CONTRACTOR:

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 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.

Ed Ivy

Applicant's Name (Print)

450 Ferguson Drive

Address

ivy@autochlor.com

Applicant's Email Address

Applicant's Signature

Mountain View, CA, 94043

City, State & ZIP

Date

7-31-24
650-967-3085

Day Time Phone

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.

2540 Flournoy LLC (Rep: Ed Ivy)

Property Owner's Name (Print)

450 Ferguson Drive

Address

Property Owner's Signature

Mountain View, CA, 94043

City, State & ZIP

Date

7-31-24
650-967-3085

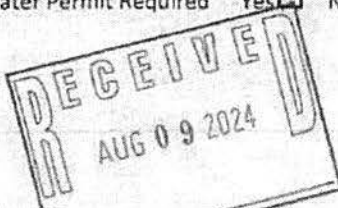
Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

☒ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☒ NO ☐



PAID BY: G E

Milestone Dates:

8-09-24 Applied
11-12-24 Approved
12-17-24 Issued
06-17-25 Expires

APPROVED BY: LC

Fees:

ESCROW \$ 900.00
APPLICATION \$ 1,000.00
PLAN REVIEW \$ 13,556.01
INSPECTIONS (51X\$95/\$45) \$ 2,295.00
TAPS OTHER \$ 14,000.00
meter OTHER \$ 1,341.00
TOTAL FEES DUE \$ 33,092.01

Pre con meeting Held on 11/26/2024

PERMIT APPLICATION

Application Number:

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

740 County Line Road, Bensenville, IL

SITE ADDRESS

UNIT No.

03 - 24 - 406 - 027 I-1

P.I.N.

ZONING DISTRICT

New office and warehouse facility

\$ 4,091,400

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Auto Chlor

GENERAL CONTRACTOR: Gallant

46647

ADDRESS: 345 Memorial Drive

CITY, STATE & ZIP: Crystal Lake, IL 60014

PHONE: 815-568-1880

E-MAIL: info@egallant.com

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

OWNER AND APPLICANT INFORMATION

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Property Owner's Name (Print)

450 Ferguson Drive

Address

Property Owner's Signature

Mountain View, CA, 94043

City, State & ZIP

Date

650-967-3085

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 \$

PAID BY: _____

APPROVED BY: _____

TOTAL FEES DUE \$

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR ECS Roofing Professionals, Inc.	EMAIL arletta@ecsroofing.com	Day Time Phone 847-970-4500
ADDRESS 3920 Hawthorne Ct.	City Waukegan	State & ZIP IL 60087

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☒

ELECTRICAL

LICENSED CONTRACTOR Johnson Electric and Communications	EMAIL MJ@JEC.US	Day Time Phone 708-371-3377
ADDRESS 4369 136th Ct	City Crestwood	State & ZIP IL 60418

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 ☐



Certificate No: ECC60207-37

Brandon Johnson, Mayor

Certificate of Registration

issued by the
Department of Buildings

This is to Certify that **JOHNSON ELECTRIC COMPANY - ECC60207**
located at **4369 W 136TH CT CRESTWOOD, IL 60445-**
having complied with the requirements of Ordinances passed by the City Council of the City of Chicago
providing for the registration of electrical contractors is hereby recorded as a

REGISTERED ELECTRICAL CONTRACTOR

General Electrician

and is entitled to perform electrical work in the City of Chicago under the Direction of Supervising Electrician provided that such work permits are subject to the provisions of all the Ordinances of the City of Chicago now in force or which may be hereafter passed. This certificate EXPIRES January 28, 2025.

SUPERVISING ELECTRICIAN: MARK A. JOHNSON - SE1798

In Witness Whereof I have hereunto set my hand on November 14, 2023.

Matthew Beaudet, Commissioner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 CANDOS AGENCY 8104 W 119th St Palos Park, IL 60464-1156	CONTACT NAME: PHONE (A/C, No, Ext): (708)361-2700 FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Donegal Mutual Insurance Co. NAIC # 13692 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED JEC, Inc. D/B/A Johnson Electric Co. 4369 West 136th Court Crestwood, IL 60418	

COVERAGES	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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			11/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED HIRED AUTOS <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			11/1/2024	11/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		11/1/2024	11/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		11/1/2024	11/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased or Rented Equipment			11/1/2024	11/1/2025	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Village of Bensenville 12 S. Center Street Bensenville, IL 60106	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
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Cut on Dotted Line ✂

For future reference, IDFPRI is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPRI. Your Access ID is: 3855305



Certificate No: ECC60207-37

Brandon Johnson, Mayor

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issued by the

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This is to Certify that **JOHNSON ELECTRIC COMPANY - ECC60207**
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provided that such work permits are subject to the provisions of all the Ordinances of the City of Chicago
*now in force or which may be hereafter passed. This certificate **EXPIRES** January 28, 2025.*

SUPERVISING ELECTRICIAN: MARK A. JOHNSON - SE1798

In Witness Whereof I have hereunto set my hand on November 14, 2023.

Matthew W. Beaudet

Matthew Beaudet, Commissioner



Illinois Department of
PUBLIC HEALTH

EH0215807

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION 09/30/2025

CATEGORY 5A

1055640182

**ACCOMPLISHED J PLUMBING INC
PLUMBING CONTRACTOR
REGISTRATION**

10/18/2024

ACCOMPLISHED J PLUMBING INC
930 E NORTHWEST HWY
MT. PROSPECT IL 60056

ACCOMPLISHED J PLUMBING INC
930 E NORTHWEST HWY
MT. PROSPECT IL 60056

Jaroslav Potapa

the face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #EH-21-044

FEE RECEIPT NO.