



BENSENVILLE
VILLAGE CLERK'S OFFICE

12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

February 7, 2025

President
Frank DeSimone

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

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

Village Clerk
Nancy Quinn

Village Manager
Daniel Schulze

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 compiled without 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

BENSENVILLE
VILLAGE CLERK'S OFFICE

TO: COREY WILLIAMSEN

FROM:

Name Luz Juarez

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

17739

Address 660 North Industrial Drive
Elmhurst, IL 60126
Phone 630/600-3829
E-Mail ljuarez@lmcc-il.com

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: _____

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 Unit
14235

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

740 County Line Road, Bensenville, IL

03 - 24 - 406 - 027 I-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 with and declare that to the best of my knowledge and belief the information provided is true and accurate.

Ed Ivy

7-31-24

Applicant's Name (Print)

450 Ferguson Drive

Applicant's Signature

Date

Mountain View, CA, 94043

650-967-3085

Address

City, State & Zip

Day/Time Phone

ivye@autochlor.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.

2540 Flournoy LLC (Rep: Ed Ivy)

7-31-24

Property Owner's Name (Print)

450 Ferguson Drive

Property Owner's Signature

Date

Address

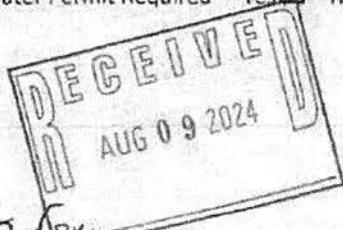
City, State & Zip

Day/Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes NO 

PAID BY: G

Milestone Dates:

Fees:

8-09-24 Applied

ESCROW \$ 900.00

11-12-24 Approved

APPLICATION \$ 1,000.00

12-17-24 Issued

PLAN REVIEW \$ 13,556.01

06-17-25 Expires

INSPECTIONS (51X\$95/\$45) \$ 2,295.00

APPROVED BY: L C

TAPS OTHER \$ 14,000.00

meter OTHER \$ 1341.00

TOTAL FEES DUE \$ 33,092.01

Pre-con meeting Held on 11/26/2024

PAGE

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
125 Center St. Bensenville, IL 60105
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number: _____

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

740 County Line Road, Bensenville, IL

03 - 24 - 406 - 027 I-1

SITE ADDRESS

UNIT No.

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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Ed Ivy

Applicant's Name (Print)

450 Ferguson Drive

Applicant's Signature

Date

Address

ivye@autochlor.com

Mountain View, CA, 94043

650-967-3085

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.

2540 Flournoy LLC (Rep: Ed Ivy)

Property Owner's Name (Print)

450 Ferguson Drive

Property Owner's Signature

Date

Address

Mountain View, CA, 94043

650-967-3085

City, State & ZIP

Day/Time/Phone

OFFICE USE ONLY

BUILDING INFORMATION

 New Construction Addition Alteration AccessoryStorm-water Permit Required Yes NO

Milestone Dates:

Fees:

Applied

ESCROW \$ _____

Approved

APPLICATION \$ _____

Issued

PLAN REVIEW \$ _____

Expires

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
located at*

**JOHNSON ELECTRIC COMPANY - ECC60207
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 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 INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 11/1/2024 | 11/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex. 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 \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER | | | | | |
| 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 | | | 11/1/2024 | 11/1/2025 | COMBINED SINGLE LIMIT (Ex. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000 | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | 11/1/2024 | 11/1/2025 | <input checked="" type="checkbox"/> 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 |
| | Leased or Rented Equipment | | | | | |
| 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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State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
104.016822
105.004699

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



ECS ROOFING PROFESSIONALS INC
JOSHUA HERION
3920 HAWTHORNE CT
WAUKEGAN, IL 60085



MARIO TRETO, JR.
SECRETARY

Camile Lindsay

CAMILLE LINDSAY
ACTING DIRECTOR

18386508

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

Cut on Dotted Line

For future reference, IDFPR 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 IDFPR. Your Access ID is: 3855305



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
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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



**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 stated below.

Issued under the authority of
the Illinois Department of
Public Health

| | | |
|-----------------------|-------------|--------------|
| EXPIRATION 09/30/2025 | CATEGORY 5A | 100554040182 |
|-----------------------|-------------|--------------|

**ACCOMPLISHED J PLUMBING INC
PLUMBING CONTRACTOR
REGISTRATION**

10/18/2024

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

Jaroslaw Potapa

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

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.