



12 South Center Street  
Bensenville, IL 60106

Office: 630.350.3404  
Fax: 630.350.3438  
[www.bensenville.il.us](http://www.bensenville.il.us)

VILLAGE BOARD

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Frank DeSimone

Board of Trustees  
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Ann Franz  
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Armando Perez

Village Clerk  
Nancy Quinn

Village Manager  
Daniel Schulze

March 27, 2025

Mr. Albert Lomeli  
28600 Bella Vista Parkway  
Warrenville, Illinois 60555

Re: March 26, 2025 FOIA Request

Dear Mr. Lomeli:

I am pleased to help you with your March 26, 2025 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on March 26, 2025. You requested copies of the items indicated below:

*"Please provide a copy of all building permit applications for 849 Thomas Dr. between the dates of 6/1/2024-3/26/25. Also include a list of construction contractor associated with the address listed above and a copy of the electrical contractors electrical license used within the same dates."*

All records responsive to your FOIA are enclosed.


Signatures 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](mailto: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 Albert Lomeli

Address 28600 Bella Vista Pkwy  
Warrenville, IL 60555

Phone 630 393 1701

E-Mail alomeli@ibew701.org

18018

**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 849 Thomas Dr. between the dates of 6/1/2024-3/26/2025. Also include a list of all construction contractors associated with the address listed above and a copy of the electrical contractors electrical 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.

3/26/2025

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\*\*\*

3/26/25

Date Request  
Received

4/2/25

Date Response  
Due

4/9/25

Date Extended  
Response Due

\$0

Total Charges

3/27/25

Date Documents  
Copied or Inspected

Received by Employee: \_\_\_\_\_

## VILLAGE OF BENSENVILLE

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

## PERMIT APPLICATION

Application Number

14187

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

849 Thomas Drive Bensenville, IL 60106

03 \_ 02 \_ 404 \_

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Asphalt -Mill and Pave 35,000 SF

\$ 76,900

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Expeditors

GENERAL CONTRACTOR: M&amp;J Paving Asphalt Company

38643

ADDRESS: 3124 S. 60th Court

CITY, STATE &amp; ZIP: Cicero, IL 60804

PHONE: 773-575-5802

E-MAIL: jeand@mjworks.com

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE &amp; ATTACH LICENSE CERTIFICATE &amp; 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 cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to apply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Jean Drzewiecki

7/22/24

Applicant's Name (Print)

3124 S 60th Court

Applicant's Signature

Cicero, IL 60804

Date

773-575-5802

Address

City, State &amp; Zip

Day Time Phone

jeand@mjworks.com

Applicant's Email Address

Correspondence and escrow returns 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.

Lincoln Property Company Elizabeth Plucinsky

as agent for owner

7/22/24

Property Owner's Name (Print)

Property Owner's Signature

Date

849 Thomas Drive

Bensenville, IL 60106

224-228-6412

Address

City, State &amp; Zip

Day Time Phone

## OFFICE USE ONLY

## BUILDING INFORMATION

☐ New Construction ☐ Addition  
☐ Alteration ☒ Accessory

Storm-water Permit Required Yes ☐ NO ☒

## Milestone Dates:

7-23-24 Applied  
8-6-24 Approved  
8-14-24 Issued  
2-14-25 Expires

## Fees:

ESCROW \$ 180  
APPLICATION \$ 100  
PLAN REVIEW \$ 27  
INSPECTIONS (1 X \$35 / \$45) \$ 45  
OTHER \$  
OTHER \$  
TOTAL FEES DUE \$ 352.00

APPROVED BY:

COMAR

APPROVED BY: J C

PERMIT APPLICATION

14409

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

849 Thomas Dr

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Cold Storage Renovation Project

\$ 2,500,000.00

DESCRIPTION OF WORK:

ESTIMATED COST

Name of Business on Site (non-residential): Expeditors International of Washington, Inc.

GENERAL CONTRACTOR: ARCO/Murray National

CUSTOMER #

46544

ADDRESS: 500 W. Monroe

CITY, STATE & ZIP: Chicago, IL 60661

PHONE: 331-295-9833

E-MAIL: JLuebker@arcomurray.com

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

OWNER AND APPLICANT INFORMATION

No error or omission either the plans or application or having the work completed in any other manner that 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: definition 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.

Joel Luebker

10-7-24

Applicant's Name (Print)

Applicant's Signature

Date

500 W. Monroe

500 W. Monroe

331-295-9833

Address

City, State & ZIP

Day Time Phone

JLuebker@arcomurray.com

Applicant's Email Address

Consent to issue and approval of plans 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 village.

Expeditors International of Washington, Inc.

10-8-2024

Property Owner's Name (Print)

Property Owner's Signature

Date

849 Thomas Drive

Bensenville IL 60106

630-595-3770

Address

City, State & ZIP

Day Time Phone

Email Address: jim.hornacek@expeditors.com

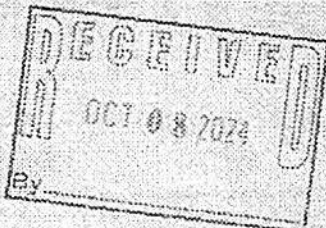
OFFICE USE ONLY

BUILDING INFORMATION

☐ Accessory ☐ Addition  
☐ New Construction ☒ Alteration

☐ Pre-Construction Meeting Required

☐ Pre-Construction Meeting Completed



PAID BY: \_\_\_\_\_

Milestone Dates:

Fees:

10-08-24 Applied

ESCROW \$ 2,250.00

10-12-24 Approved

APPLICATION \$ 400.00

11-7-24 Issued

PLAN REVIEW \$ 1988

5-7-25 Expires

INSPECTIONS (9 X \$35/\$45) \$ 405.00

OTHER \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

APPROVED BY: J.C.

TOTAL FEES DUE \$ 2,518.00

**LICENSED CONTRACTOR INFORMATION**  
COMPLETE ALL THAT APPLY

**ROOFING**

<small>LICENSED CONTRACTOR</small> Funderburk Roofing, Inc.	<small>EMAIL</small> dave@funderburkroofing.com	<small>Day Time Phone</small> 630-622-4100
<small>ADDRESS</small> 1987 Quincy Court	<small>City</small> Glendale Heights	<small>State &amp; ZIP</small> IL 60139

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☒

**ELECTRICAL**

<small>LICENSED CONTRACTOR</small> All Industrial Electric, Inc.	<small>EMAIL</small> jtrublowski@allindustrialelectric.com	<small>Day Time Phone</small> 847-885-9600
<small>ADDRESS</small> 432 East State Parkway Suite A	<small>City</small> Schaumburg	<small>State &amp; ZIP</small> IL 60173

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

**PLUMBING**

<small>LICENSED CONTRACTOR</small> N/A	<small>EMAIL</small>	<small>Day Time Phone</small>
<small>ADDRESS</small>	<small>City</small>	<small>State &amp; ZIP</small>

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





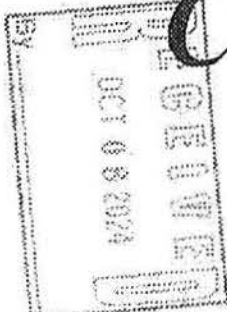
Certificate No: ECC65743-38

Brandon Johnson, Mayor

# *Certificate of Registration*

*issued by the*

*Department of Buildings*



*This is to Certify that  
located at*

**ALL INDUSTRIAL ELECTRIC, INC. - ECC65743**

**432 E. STATE PARKWAY - SUITE 129 SCHAUMBURG, IL 60173**

*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 July 31, 2025.*

**SUPERVISING ELECTRICIAN: MICHAEL POKORNY - SE2355**

*In Witness Whereof I have hereunto set my hand on June 27, 2024.*

Marlene . Hopkins, Commissioner

## VILLAGE OF BENSENVILLE

Department of Community and Economic Development  
12 S. Center St., Bensenville, IL 60015  
Phone: 630-350-3411 Fax: 630-359-7449

## PERMIT APPLICATION

14468

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

849 Thomas Dr

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Fire Sprinkler expansion for new cooler

\$ 82,200

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Expeditors International of Washington, Inc.

GENERAL CONTRACTOR: Arco/Murry national

ADDRESS: 500 W. Monroe

CITY, STATE &amp; ZIP: Chicago, IL 60661

PHONE: 331-295-9833

E-MAIL: JLuebker@arcomurry.com

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

## OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application claiming the work completed in any other manner than that it is complete 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 permit process, including but not limited to cancellation 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.

Sam Mangiarelli

Digitally signed by Samuel Mangiarelli

11-6-2024

Applicant's Name (Print)

Applicant's Signature

Date

11045 gage ave

Franklin Park, IL, 60131

630-441-5949

Address

City, State &amp; ZIP

Day Time Phone

samuel.mangiarelli@hillgrp.com

Applicant's Email Address

Correspondence and review replies can only be completed if the address of the applicant is kept current, which is applicable to responsibility. I hereby authorize the undersigned applicant to complete the processing of the application early and on behalf of this permit.

Expeditors International of Washington, Inc.

10-8-2024

Property Owner's Name (Print)

Property Owner's Signature

Date

849 Thomas Drive

Bensenville, IL 60106

630-595-3770

Address

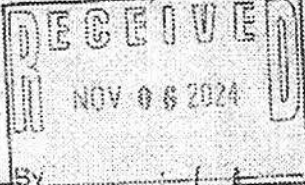
City, State &amp; ZIP

Day Time Phone

## OFFICE USE ONLY

## BUILDING INFORMATION

☐ New Construction ☐ Addition  
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☒ No ☐

PAID BY:

Fire Sprinkler

## Milestone Dates:

11-6-24 Applied  
11-22-24 Approved  
12-06-24 Issued  
6-06-25 Expires

## Fees:

ESCROW \$ 180<sup>00</sup>  
APPLICATION \$ 100<sup>00</sup>  
PLAN REVIEW \$ 25<sup>00</sup>  
INSPECTIONS (X\$35/\$45) \$  
OTHER \$ 150<sup>00</sup>  
OTHER \$  
TOTAL FEES DUE \$ 457<sup>00</sup>

APPROVED BY:

**LICENSED CONTRACTOR INFORMATION**  
COMPLETE ALL THAT APPLY

**ROOFING**

LICENSED CONTRACTOR <b>Hill Group</b>	NAME	Day Home Phone
ADDRESS <b>11045 GAGE AVE</b>	CITY <b>FRANKLIN PARK</b>	State & Zip <b>60131 IL.</b>

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

**ELECTRICAL**

LICENSED CONTRACTOR	NAME	Day Home Phone
ADDRESS	CITY	State & Zip

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

**PLUMBING**

LICENSED CONTRACTOR	NAME	Day Home Phone
ADDRESS	CITY	State & Zip

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



PERMIT APPLICATION

Application Number  
**14490**

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

849 Thomas Dr

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Additions to Existing Fire Alarm for Cooler / Dry Storage

\$ 15,300.00

DESCRIPTION OF WORK

ESTIMATED COST

Name of Business on Site (non-residential): Expeditors International of Washington, Inc.

GENERAL CONTRACTOR: ARCO/Murray National

CUSTOMER #

46544

ADDRESS: 500 W. Monroe

CITY, STATE & ZIP: Chicago, IL 60661

PHONE: 331-295-9833

E-MAIL: JLuebker@arcomurray.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 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 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.

David Eirschele

10/23/2024

Applicant's Name (Print)

Applicant's Signature

Date

830 Centennial Drive

Hampshire, IL 60145

815-299-3473

Address

City, State & ZIP

Day Time Phone

david@superiorfirellc.com

46601

Applicant's Email Address

Correspondence and escrow records can only be completed at 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.

Expeditors International of Washington, Inc.

10-8-2024

Property Owner's Name (Print)

Property Owner's Signature

Date

849 Thomas Drive

Bensenville IL 60106

630-595-3770

Address

City, State & ZIP

Day Time Phone

Email Address: jim.hornacek@expeditors.com

OFFICE USE ONLY

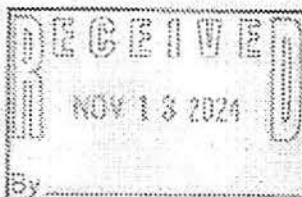
BUILDING INFORMATION

☐ Accessory ☐ Addition

☐ New Construction ☒ Alteration

☐ Pre-Construction Meeting Required

☐ Pre-Construction Meeting Completed



PAID BY: FIRE ALARM CONT.

Milestone Dates:

11-13-24 Applied

11-20-24 Approved

1-29-25 Issued

7-29-25 Expires

Fees:

ESCROW \$ 100.00

APPLICATION \$ 100.00

PLAN REVIEW \$ 25.00

INSPECTIONS (1 X \$35 (\$45)) \$ 45.00

FIRE ALARM TEST OTHER \$ 150.00

OTHER \$

TOTAL FEES DUE \$ 502.00


APPROVED BY:

*[Signature]*

**LICENSED CONTRACTOR INFORMATION**  
COMPLETE ALL THAT APPLY

**ROOFING**

<small>LICENSED CONTRACTOR</small> <b>Funderburk Roofing, Inc.</b>	<small>EMAIL</small> <b>dave@funderburkroofing.com</b>	<small>Day Time Phone</small> <b>630-622-4100</b>
<small>ADDRESS</small> <b>1987 Quincy Court</b>	<small>City</small> <b>Glendale Heights</b>	<small>State &amp; ZIP</small> <b>IL 60139</b>

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE 

**ELECTRICAL**

<small>LICENSED CONTRACTOR</small> <b>All Industrial Electric, Inc.</b>	<small>EMAIL</small> <b>jtrubowski@allindustrialelectric.com</b>	<small>Day Time Phone</small> <b>847-885-9600</b>
<small>ADDRESS</small> <b>432 East State Parkway Suite A</b>	<small>City</small> <b>Schaumburg</b>	<small>State &amp; ZIP</small> <b>IL 60173</b>

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

**FIRE ALARM**

46601

<small>LICENSED CONTRACTOR</small> <b>Superior Fire &amp; Security</b>	<small>EMAIL</small> <b>david@superiorfirellc.com</b>	<small>Day Time Phone</small> <b>815-299-3473</b>
<small>ADDRESS</small> <b>830 Centennial Drive</b>	<small>City</small> <b>Hampshire</b>	<small>State &amp; ZIP</small> <b>Illinois 60140</b>



Out 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: 3835315

FILE COPY  
Village of Bensenville

# VILLAGE OF BENSENVILLE

Department of Community and Economic Development  
12 S. Center St. Bensenville, IL 60010  
Phone: 630.350.3413 Fax: 630.350.3449

## PERMIT APPLICATION

Application Number

14634

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

849 Thomas Drive

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Installation of pallet racking into existing facility.

DESCRIPTION OF WORK

Name of Business on Site (non-residential): Expeditors

ESTIMATED COST

GENERAL CONTRACTOR: Storage Solutions, Inc

CUSTOMER #

45165

ADDRESS: 910 E 169th St

CITY, STATE & ZIP: Westfield, IN 46074

PHONE: 317-399-2144

E-MAIL: kyler@storage-solutions.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 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.

Kyle Rowles

Applicant's Name (Print)

910 E 169th St

Address

kyler@storage-solutions.com

Applicant's Email Address

Applicant's Signature

Westfield, IN 46074

City, State & ZIP

1/22/2025

Date

317-399-2144

Day 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.

Jim Hornacek

Property Owner's Name (Print)

849 Thomas Drive

Address

jim.hornacek@expeditors.com

Email Address:

Property Owner's Signature

Bensenville IL

City, State & ZIP

01/20/2025

Date

630-616-2368

Day Phone

### OFFICE USE ONLY

#### BUILDING INFORMATION

☐ Accessory ☐ Addition  
☐ New Construction ☐ Alteration

☐ Pre-Construction Meeting Required  
☐ Pre-Construction Meeting Completed

#### Milestone Dates:

FEB 04 2025 Applied

02-07-25 Approved

MAR 04 2025 Issued

9.4.25 Expires

#### Fees:

ESCROW \$ 225<sup>00</sup>

APPLICATION \$ 400<sup>00</sup>

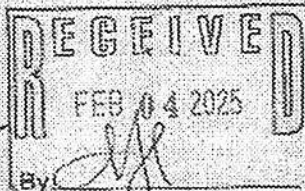
PLAN REVIEW \$

INSPECTIONS (2 X \$35 (\$45)) \$ 90<sup>00</sup>

OTHER \$

OTHER \$

TOTAL FEES DUE \$ 715<sup>00</sup>



PAID BY:

APPROVED BY: