BENSENVILLE
VILLAGE CLERK'S OFFICE

12 South Center Street
Bensenville, IL 60106

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

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 710 Foster Ave. 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 disclose. "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 finical 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

BENSENVILLE
VILLAGE CLERK'S OFFICE

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:

18019

Name Albert Lomeli
Address 28600 Bella Vist Pkwy
Warrenville, IL 60555
Phone 630 393 1701
E-Mail alomeli@ibew701.org

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 710 Foster Ave 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*****

Date Request Received	Date Response Due	Date Extended Response Due	Total Charges	Date Documents Copied or Inspected
3/26/25	4/2/25	4/9/25	$0 —	3/27/25

Received by Employee:_____

Docusign Envelope ID: C362B850-4A66-4CFC-AF5F-3E6194F8FD97

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: 14383

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

710 Foster Ave.		03 - 11 - 314 - 006	I2
SITE ADDRESS	UNIT No.	P.I.N.	ZONING DISTRICT

New Construction / Site Development of 134,060 SF Industrial Building — $ _____
DESCRIPTION OF WORK — ESTIMATED COST

Name of Business on Site (non-residential): Spec Building (No tenant)

GENERAL CONTRACTOR: Morgan Harbour Construction # 26906

ADDRESS: 7510 S. Madison St. CITY, STATE & ZIP: Willowbrook, IL. 60527

PHONE: 630-888-5401 E-MAIL: amacmillan@morganharbour.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 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.

Andy MacMillan	[redacted]	9/3/2024
Applicant's Name (Print)	Applicant's Signature	Date
7510 S. Madison St.	Willowbrook, IL. 60527	630-888-5401
Address	City, State & ZIP	Day Time Phone

amacmillan@morganharbour.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.

Foster Avenue Holdings / Mike Wauterlek	[redacted]	9/3/2024
Property Owner's Name (Print)	Property Owner's Signature	Date
300 Park Blvd, Suite 201	Itasca, IL. 60143	630-250-9700
Address	City, State & ZIP	Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION

☒ New Construction ☐ Addition
☐ Alteration ☐ Accessory

Storm-water Permit Required Yes ☒ NO ☐

Pre-Construction Meeting Required
Date 2-20-25

RECEIVED
SEP 27 2024
By

PAID BY: _____

Milestone Dates:

9.5.24 Applied -Via Email
1-3-25 Approved
_____ Issued
_____ Expires

Fees:

ESCROW $ 900.00
APPLICATION $ 1,000.00
PLAN REVIEW $ 25,082.38
INSPECTIONS (53 X $36/$45) $ 2385.00
water meter OTHER $ 1809.00
Taps OTHER $ 16,000.00
TOTAL FEES DUE $ 47,171.38

APPROVED BY: IC

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
Sullivan Roofing Inc.	jacob@sullivanroofing.com	847-908-1000
ADDRESS	City	State & ZIP
60 E. Sate Pkwy	Schaumburg	IL. 60173

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

LICENSED CONTRACTOR	EMAIL	Day Time Phone
Complete Electrical Service	ffelix5@sbcglobal.net	630-879-1098
ADDRESS	City	State & ZIP
639 Main St.	Batavia	IL. 60510

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

PLUMBING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
MVP Plumbing Corp.	jeremy@mvpplumbing.com	630-897-6000
ADDRESS	City	State & ZIP
1995 Aucutt Road	Montgomery	IL. 60538

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

VILLAGE OF BENSENVILLE
Department of Community and Economic Development
123 Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3429

PERMIT APPLICATION

Application No. 14401

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

710 Foster Ave Bensenville, IL 60106		03 _ 11 _ 314 _ 006	12
SITE ADDRESS	UNIT No.	P.I.N.	ZONING DISTRICT

Demolition of building and site	$100,000.00
DESCRIPTION OF WORK	ESTIMATED COST

Name of Business on Site (non-residential): Property Owner: Foster Ave Holdings LLC (Vacant Buildings)

GENERAL CONTRACTOR: Morgan Harbour Construction, LLC CUSTOMER # 26906

ADDRESS: 7510 S Madison St. CITY, STATE & ZIP: Willowbrook, IL 60527

PHONE: 630-734-8800 E-MAIL: golmos@morganharbour.com

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

OWNER AND APPLICANT INFORMATION

"I do hereby acknowledge either the plans or application to having the work completed by 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 permit period, including but limited to cancellation fees, plan review fees, and reinspection 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."

George Olmos	[redacted]	10/3/2024
Applicant's Name (Print)	Applicant's Signature	Date
7510 S. Madison St.	Willowbrook, IL 60527	708-415-4806
Address	City, State & ZIP	Day Time Phone

golmos@morganharbour.com
Applicant's Email Address

"Correspondence and permit refunds can only be completed at the address of the applicant as 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."

Foster Avenue Holdings LLC	[redacted]	10/3/2024
Property Owner's Name (Print)	Property Owner's Signature	Date
300 Park Blvd Suite 201	Itasca, IL 60143	708-941-7718
Address	City, State & ZIP	Day Time Phone

Email Address: jweber@morganharbour.com

OFFICE USE ONLY

BUILDING INFORMATION

☐ Accessory ☐ Addition
☒ New Construction ☐ Alteration

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

RECEIVED
OCT 03 2024
By _____

PAID BY: Cont

Milestone Dates:

10-03-24 Applied
10-10-24 Approved
10-10-24 Issued
4-10-25 Expires

APPROVED BY: _____

Fees:

ESCROW $ ——
APPLICATION $ 100.00
PLAN REVIEW $ ——
INSPECTIONS (1 X $35/$45) $ 45.00
OTHER $ _____
OTHER $ _____
TOTAL FEES DUE $ 145.00

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
N/A		
ADDRESS	City	State & ZIP

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

LICENSED CONTRACTOR	EMAIL	Day Time Phone
N/A		
ADDRESS	City	State & ZIP

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

PLUMBING

LICENSED CONTRACTOR	EMAIL	Day Time Phone
N/A		
ADDRESS	City	State & ZIP

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

VILLAGE OF BENSENVILLE
Department of Community and Economic Development
[illegible]
Phone: [illegible] Fax: [illegible]

PERMIT APPLICATION

Application No. 14430

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

710 FOSTER AVE		03-11-314-006	
SITE ADDRESS	UNIT No.	P.I.N.	ZONING DISTRICT

Install four (4) ESFR fire sprinkler systems and fire pump — $ ______
DESCRIPTION OF WORK — ESTIMATED COST

Name of Business on Site (non-residential): Foster Spec. Building

GENERAL CONTRACTOR: CYBOR FIRE PROTEC. CUSTOMER #: 17854

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

[illegible]

Cybor Fire Protection Co	[redacted]	10/14/24
Applicant's Name (Print)	Applicant's Signature	Date
5123 Thatcher Rd	Downers Grove, IL 60515	630-810-1161
Address	City, State & Zip	Day Time Phone

jason@cyborfireprotection.com
Applicant's Email Address

[illegible] [redacted]

FOSTER AVENUE HOLDINGS LLC	[redacted]	10/15/24
Property Owner's Name (Print)	Property Owner's Signature	Date
300 PARK BLVD, SUITE 201	ITASCA, IL 60143	630-250-9700
Address	City, State & Zip	Day Time Phone

Email Address: mwautertek@hpre.com

OFFICE USE ONLY

BUILDING INFORMATION

☐ Accessory ☐ Addition
☐ New Construction ☐ Alteration

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

PAID BY: CONT

RECEIVED
OCT 17 2024
By: [signature]

Milestone Dates:

OCT 17 2024 Applied
11-11-24 Approved
11-27-24 Issued
5-27-25 Expires

APPROVED BY: [signature]

Fees:

ESCROW $ 180.00
APPLICATION $ 100.00
PLAN REVIEW $ 27.00
Hyro Test INSPECTIONS (__X$35/$45) $ 150.00
Pump tes. OTHER $ 250.00
3/4" METER OTHER $ 145.00
TOTAL FEES DUE $ 852.00

LICENSED CONTRACTOR INFORMATION

COMPLETE ALL THAT APPLY

~~ROOFING~~ FIRE PROTECTION

LICENSED CONTRACTOR	EMAIL	Day Time Phone
Cybor Fire Protection Co.	jason@cyborfireprotection.com	630-810-1161
ADDRESS	City	State & ZIP
5123 Thatcher Rd	Downers Grove	IL 60515

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐

ELECTRICAL

LICENSED CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

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 ☐