



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 Kosman

February 26, 2016

Ms. Nicole Douglas  
Research Analyst  
323 Norristown Road, Suite 300  
Ambler, Pennsylvania 19002

Re: February 24, 2016 FOIA Request

Dear Ms. Douglas:

I am pleased to help you with your February 24, 2016 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on February 24, 2016. You requested copies of the items indicated below:

*"Village records pertaining to 325 South York Road."*

After a search of Village files, the following documents are enclosed to fulfill your request:

- 1) Village of Bensenville Records Pertaining to 325 North York Road. (10 pgs.)

These are all of the documents that can be discovered responsive to your request.

For additional information pertaining to zoning of the property, please contact Village Planner, Victoria Benham, at 630-766-8200.

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



Fire & Security

91 N, Mitchell Court  
Addison, IL 60101  
630-948-1100

**SimplexGrinnell**

**Fire Pump & Controller Test Report**

Property Name: SR#31662646 ACE#1198498

Date: 4/23/2015

Address: CASTLE TOWERS  
325 S. YORK RD.  
BENSENVILLE, IL 60106

**Fire Pump**

|                     |          |
|---------------------|----------|
| Make:               | PEERLESS |
| Size:               | 6X5      |
| Type:               | HORZ.    |
| Stages:             | 1        |
| R.P.M.:             | 3520     |
| S/N:                | 403022   |
| Imp Dia.:           | 8.25     |
| GPM:                | 1000     |
| PSI:                | 100      |
| Dead Head Pressure: |          |
| 150% PSI:           | 68.7     |

**Fire Pump Controller**

|             |                |
|-------------|----------------|
| Make:       | FIRETROL       |
| Model:      | FTA-1000A-A75B |
| S/N:        | 107358         |
| Type Start: |                |
| Volts:      | 440-480        |
| HP:         | 75             |
| Auto Start: | OK             |
| Man Start:  | OK             |
| Emerg Run:  | OK             |
| Timer:      | 10 MIN.        |

**Jockey Pump**

|        |          |
|--------|----------|
| Make:  | BURKS    |
| Model: | 70T7M-EE |
| S/N:   | 01344819 |

**Jockey Pump Motor**

|        |          |
|--------|----------|
| Make:  | BLUFFTON |
| HP:    | 3/4      |
| RPM:   | 3450     |
| Volts: | 115/230  |

**Fire Pump Motor**

|         |         |
|---------|---------|
| Make:   | LINCOLN |
| HP:     | 75      |
| R.P.M.: | 3520    |
| Amps:   | 460     |
| Volts:  | 175     |
| Hz:     | 60      |
| S/N:    | 2230565 |

**Jockey Controller**

|                      |         |
|----------------------|---------|
| Make:                | SEIMENS |
| S/N:                 |         |
| Casing Relief Valve: | OK      |
| Pump Run:            | OK      |
| Power Fail:          | OK      |

|                       | On  | Off |
|-----------------------|-----|-----|
| Jockey Pump Pressure: | 115 | 125 |
| Fire Pump (Electric): | 105 | 115 |
| Fire Pump (Diesel):   | NA  | NA  |

| Churn      | Volts | Amps | RPM  | Suction Press. | Discharge Pressure | Net Pressure | Orifice Size |     |     |     | #Hoses/Length | Flow Dev. | Total Discharge |      |
|------------|-------|------|------|----------------|--------------------|--------------|--------------|-----|-----|-----|---------------|-----------|-----------------|------|
|            |       |      |      |                |                    |              | 1 3/4"       |     |     |     |               |           |                 |      |
| First      | 480   | 48   | 3573 | 45             | 170                | 125          | First Churn  |     |     |     |               |           |                 |      |
| 100%       | 484   | 84   | 3544 | 38             | 145                | 107          | Pitot        | 8   | 8   | 8   | 8             |           |                 |      |
|            |       |      |      |                |                    |              | GPM          | 257 | 257 | 257 | 357           |           |                 | 100% |
| 150%       | 485   | 93   | 3534 | 30             | 122                | 92           | Pitot        | 17  | 17  | 17  | 17            |           |                 |      |
|            |       |      |      |                |                    |              | GPM          | 375 | 375 | 375 | 375           |           |                 | 150% |
| Roof Shot  | NA    | NA   | NA   | NA             | NA                 | NA           | Pitot        |     |     |     |               |           |                 |      |
| Roof Final | NA    | NA   | NA   | NA             | NA                 | NA           | GPM          |     |     |     |               |           |                 |      |
|            |       |      |      |                |                    |              | Pitot        |     |     |     |               |           |                 |      |
| Final      | 487   | 48   | 3571 | 44             | 169                | 125          | Final Churn  |     |     |     |               |           |                 |      |
|            |       |      |      |                |                    |              | GPM          |     |     |     |               |           |                 |      |

Final remarks on test: FIRE PUMP OPERATES PROPERLY AT THIS TIME.

ALARMS OUT OPER. JAMIE      IN OPER. JAMIE

**Witnesses**

|                 |                       |
|-----------------|-----------------------|
| F.D. Company:   | BENSENVILLE           |
| F.D. Rep.:      | TONY BAGNOLA          |
| Bldg Mgmt Name: | VICTOR (630) 437-1010 |
| Bldg Rep:       |                       |

|                  |                                      |
|------------------|--------------------------------------|
| SimplexGrinnell: |                                      |
| Inspectors:      | Nick Marco / Rich McComb - Local 281 |
| Other:           |                                      |

**Report of Inspection/Test**

**Alarm Detection Systems Inc.**

1111 Church Road Aurora, IL  
 60505 Tel:630.844.6300  
 Fax:630.844.6326  
 Web:www.adsalarm.com



**Conducted By:** Christopher L.Alexander # 1257  
**Customer Number:** 57377  
**Inspection Ref:** IN-0008164 - Quarterly  
**Completed On:** 6/8/2015

**Mail To:**  
  
**Castle Tower**  
 325 S. York Road

**Service At: Account # - 57377**

**Castle Tower**  
 325 S. York Road

**Bensenville, IL 60106**

**Bensenville, IL 60106**

Tested in accordance with NFPA 72. IL License 127-000143.

| Test Summary              | Test Type            | Total Count | Pass Count | Fail Count | Not Tested Count |
|---------------------------|----------------------|-------------|------------|------------|------------------|
| Control Valve             | CONTROL VALVE        | 9           | 9          | 0          | 0                |
| Fire Pump - Loss of Power | FIRE PUMP - LOSS POW | 1           | 1          | 0          | 0                |
| Fire Pump - Running       | FIRE PUMP - RUNNING  | 1           | 1          | 0          | 0                |
| WF-Vane                   | WF-VANE              | 2           | 2          | 0          | 0                |
| <b>Totals</b>             |                      | 13          | 13         | 0          | 0                |

| Inspection Tasks  | Area - | Location -                                 | Zone - | ID - | PASS |
|---|--------|--|--------|------|------|
| Monitoring station?<br>Time Out?<br>By Who?<br>Owner (or rep) name and number?<br>Was the onsite person notified of test results?<br>Time In?<br>By Whom? |        | Bensenville FD Pos #0057<br>11:45<br>Nikki |        |      |      |
|   |        | 12:24<br>Diedre Ewing                      |        |      |      |

| Device                    | Area      | Location                | Zone | ID       | Result |
|---------------------------|-----------|-------------------------|------|----------|--------|
| Control Valve             | FACP Room | pump room/gate valve 1  | D128 | 01093920 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 3  | D130 | 01093921 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 2  | D129 | 01093922 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 4  | D131 | 01093923 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 5  | D132 | 01093924 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 6  | D133 | 01093925 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 7  | D134 | 01093926 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 7  | D134 | 01146779 | PASS   |
| Control Valve             | FACP Room | pump room/gate valve 7  | D134 | 01146780 | PASS   |
| Fire Pump - Running       | FACP Room | Sprinkler room          | D135 | 01391518 | PASS   |
| Fire Pump - Loss of Power | FACP Room | Sprinkler room          | D136 | 01391517 | PASS   |
| WF-Vane                   | FACP Room | Sprinkler rm / Riser #2 | D127 | 01391519 | PASS   |

| WF Trip Delay | Area - FACP Room | Location - Sprinkler rm / Riser #2 | Zone - D127 | ID - *1391519 | PASS |
|---------------|------------------|------------------------------------|-------------|---------------|------|
|---------------|------------------|------------------------------------|-------------|---------------|------|

Time to alarm? PASS 36 seconds

| WF-Vane | Ground Floor | Jantor clst by adm ofc/riser 1 | D126 | 01132501 | PASS |
|---------|--------------|--------------------------------|------|----------|------|
|---------|--------------|--------------------------------|------|----------|------|

| WF Trip Delay | Area - Ground Floor | Location - Jantor clst by adm ofc/riser 1 | Zone - D126 | ID - *1132501 | PASS |
|---------------|---------------------|---|-------------|---------------|------|
|---------------|---------------------|---|-------------|---------------|------|

Time to alarm? PASS 75 seconds

**Report of Inspection/Test**

**Alarm Detection Systems Inc.**

1111 Church Road Aurora, IL  
60505 Tel:630.844.6300  
Fax:630.844.6326  
Web:www.adsalarm.com



**Conducted By:** Christopher L.Alexander # 1257  
**Customer Number:** 57377  
**Inspection Ref:** IN-0008164 - Quarterly  
**Completed On:** 6/8/2015

| <b>Transmitter Section</b>  | Area - Local radio | Location - | Zone - | ID - | N/A |
|-----------------------------|--------------------|------------|--------|------|-----|
| Transmitter Type?           |                    | PASS Radio |        |      |     |
| Battery Size & Date         |                    | N/A        |        |      |     |
| Fire Signal Received?       |                    | PASS       |        |      |     |
| Trouble Signal Received     |                    | PASS       |        |      |     |
| Supervisory Signal Received |                    | N/A        |        |      |     |

**Report of Inspection/Test**

**Alarm Detection Systems Inc.**

1111 Church Road Aurora, IL  
60505 Tel:630.844.6300  
Fax:630.844.6326  
Web:www.adsalarm.com



**Summary of all Devices on Inspection Reference - IN-0008164**

Tested in accordance with NFPA 72. IL License 127-000143.

| <b>Device Summary</b>     | <b>Test Type</b>     | <b>Total Count</b> | <b>Pass Count</b> | <b>Fail Count</b> | <b>Not Tested Count</b> |
|---------------------------|----------------------|--------------------|-------------------|-------------------|-------------------------|
| Control Valve             | CONTROL VALVE        | 9                  | 9                 | 0                 | 0                       |
| Fire Pump - Loss of Power | FIRE PUMP - LOSS POW | 1                  | 1                 | 0                 | 0                       |
| Fire Pump - Running       | FIRE PUMP - RUNNING  | 1                  | 1                 | 0                 | 0                       |
| WF-Vane                   | WF-VANE              | 2                  | 2                 | 0                 | 0                       |
| <b>Totals</b>             |                      | 13                 | 13                | 0                 | 0                       |

# SimplexGrinnell BE SAFE.

Task # \_\_\_\_\_ Quarterly  Annual  3 Year  5 Year

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SR# 32798968

## REPORT OF SPRINKLER INSPECTION

Date **7/21/2015**

|                         |                       |                        |                         |
|-------------------------|-----------------------|------------------------|-------------------------|
| CUSTOMER                | ACE#1198498           | INSPECTOR NAME         | Nick Marco/ Rich McComb |
| BUILDING / LOCATION     | CASTLE TOWER          | SIMPLEXGRINNELL OFFICE | SimplexGrinnell         |
| STREET                  | 325 S. YORK RD.       |                        | 91 N Mitchell Court     |
| CITY / ST/PROV / ZIP/PC | BENSENVILLE, IL 60106 |                        | Addison, IL 60101       |
| ATTN:                   | VICTOR                | PHONE #                | 630-948-1100            |
| PHONE #                 | (630) 437-1010        | LICENSE #              | 127-001155              |

### 1. GENERAL (To be answered by Customer.)

|  | YES                                 | NA                                  | NO                                  |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Have there been any changes or repairs to the fire protection systems since the last inspection?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>If answered "yes" to a, b or c, list changes in Section 13.</b>   |                                     |                                     |                                     |
| d. Has the piping in all dry systems been checked for proper pitch within the past five years?<br>Date last checked: _____ (check recommended at least every 5 years)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Has the piping in all systems been checked for obstructive materials?<br>Date last checked: <u>9/15/2011</u> (check required at least every 5 years)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g. Are gravity, surface or pressure tanks protected from freezing?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| h. Standard sprinklers 50 years old or older? <input type="checkbox"/> QR (20yr) <input type="checkbox"/> Dry (10 yr) <input type="checkbox"/> >325F/163C (5yr) <input type="checkbox"/> Corrosive env't. (5yr.)<br>(Testing or replacement required for these types of sprinklers.) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| j. Have gauges been tested, calibrated or replaced in the last 5 years? Date _____ DATED 2013  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k. Alarm valves and associated trim been internally inspected past 5 years? Date _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| l. Check valves internally inspected in the last 5 years? Date _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| m. Has the private fire main been flow tested in last 5 years? Date _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| n. Standpipe 5 year requirements.  |                                     |                                     |                                     |
| 1. Dry standpipe hydrostatic test Date _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Flow test Date <u>9/20/2013</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Hose hydrostatic test Date _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Pressure control valve test Date _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Pressure reducing valve test Date _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| o. Have pressure reducing valves been tested at full flow within the past 5 years? Date _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| q. Have master pressure reducing valves been tested at full flow within the past 1 year?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| r. Have the sprinkler systems been extended to all areas of the building?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| t. Are all exterior openings protected against the entrance of cold air?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

### 2. CONTROL VALVES

|  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all control valves sealed or supervised in the open position?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Control Valves  | # of Valves | Type      | Easily Accessible                   |                          | Signs                               |                          | Valve Open                          |                          | Secured? If Yes, How?               |                          | (Sealed?) (Locked?) (Supvd.?) | Supervision Operational             |                                     |
|-----------------|-------------|-----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|-------------------------------------|
|                 |             |           | YES                                 | NO                       | YES                                 | NO                       | YES                                 | NO                       | YES                                 | NO                       |                               | YES                                 | NO                                  |
| CITY CONNECTION | 4           | Butterfly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervised                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| TANK            | 2           | OS&Y      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervised                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| PUMP            | 1           | OS&Y      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervised                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SECTIONAL       | 2           | OS&Y      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervised                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SYSTEM          | 2           | OS&Y      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervised                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ALARM LINE      |             |           | <input type="checkbox"/>            | <input type="checkbox"/> |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |

### Location of Control Valves:

|                                     |  |
|-------------------------------------|--|
| TANK = BYPASS                       | ITV IN NORTH EAST CORNER JANITORS CLOSET |
| 1ST. FL. TRASH ROOM ZIP TIED & FLOW |  |
|                                     |  |
|                                     |  |

# SimplexGrinnell BE SAFE.

## REPORT OF SPRINKLER INSPECTION

Page 2 of 4

### 3. WATER SUPPLIES

a. Water supply sources? City:  Gravity Tank:

Pressure Fire Pump & Tank   
 Pressure Fire Pump & City   
 Pressure Fire Pump & Pond

Main Drain Test Results Made During This Inspection

| Test Pipe Located | Size Test Pipe | Static Supply Pressure Before | Residual Pressure | Return time to Static Pressure | Test Pipe Located | Size Test Pipe | Static Supply Pressure Before | Residual Pressure | Return time to Static Pressure |
|-------------------|----------------|-------------------------------|-------------------|--------------------------------|-------------------|----------------|-------------------------------|-------------------|--------------------------------|
| MAIN DRAIN (N)    | 2"             | 130                           | 120               |                                |                   |                |                               |                   |                                |
| MAIN DRAIN (S)    | 2"             | 130                           | 120               |                                |                   |                |                               |                   |                                |

### 4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?  
 b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?  
 c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date: \_\_\_\_\_  
 d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?  
 e. Are fire dept. connections visible and accessible?

| YES                                 | NA                                  | NO                       |
|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

### 5. WET SYSTEMS

a. No. of systems: 2 Make & Model Wet Riser W/ 3 FLOW SWITCHES  
 b. Are cold weather valves in the appropriate open or closed position?  
 If closed, has piping been drained?  
 c. Has the Customer been advised that cold weather valves are not recommended?  
 d. Have all the antifreeze systems been tested? Date: \_\_\_\_\_

| YES                      | NA                                  | NO                       |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

| System 1) | 2) | 3) | 4) | 5) | 6) |
|-----------|----|----|----|----|----|
|           |    |    |    |    |    |

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?

| YES                                 | NA                       | NO                       |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 6. DRY SYSTEMS

a. No. of systems: 0 Make & Model: N/A  
 Date last trip tested: \_\_\_\_\_  Partial  Full  
 b. Are the air pressure and priming water levels normal?  
 c. Did the air compressor operate satisfactorily?  
 d. Air compressor oil checked?  Belt?   
 e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: \_\_\_\_\_  
 Locations 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 3) \_\_\_\_\_ 4) \_\_\_\_\_  
 f. Did all quick opening devices operate satisfactorily? Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 g. Did all the dry valves operate satisfactorily during this inspection?  
 h. Is the dry valve house heated?  
 i. Do dry valves appear to be protected from freezing?

| YES                      | NA                                  | NO                       |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### 7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model: N/A  
 Type: \_\_\_\_\_  
 b. Were valves tested as required?  
 c. Did all heat responsive systems operate satisfactorily?  
 d. Did the supervisory features operate during testing?  
 e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)  
 Auxiliary equipment: No. \_\_\_\_\_ Type: \_\_\_\_\_  
 Location \_\_\_\_\_  
 Test results \_\_\_\_\_

| YES                      | NA                                  | NO                       |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### 8. ALARMS

a. Did the water motors and gong operate during testing?  
 b. Did the electric alarms operate during testing?  
 c. Did the supervisory alarms operate during testing?

| YES                                 | NA                                  | NO                       |
|-------------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

# SimplexGrinnell BE SAFE.

## REPORT OF SPRINKLER INSPECTION

### 9. SPRINKLERS - PIPING

| YES                                 | NA                                  | NO                       |
|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

- a. Do sprinklers generally appear to be in good external condition?
- b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?
- c. Are extra sprinklers and sprinkler wrench available on the premises?  
(#, size, finish, temp, brand, of spare heads)
- d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?
- e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?
- f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?

### 10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

ITV IN JANITOR'S CLOSET SHOULD BE REPLACED (1" GLOBE VALVE HANDLE JUST SPINS)  
 NOT ALL AREAS OF BLDG. ARE COVERED BY SPRINKLER SYSTEM  
 1ST. FLOOR TRASH ROOM 1" VALVE IS ZIP TIED

### 11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES: RECOMMEND 5 YEAR CHECK VALVE INSPECTION (1-6" DISCHARGE, 1-6" BYPASS, 2" 4" F.D.C)

### 12. ADJUSTMENTS OR CORRECTIONS MADE:

### 13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

N.M JOURNEYMAN #1570877  
 R.M JOURNEYMAN#1096712

### 14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE. If No, explain.

| YES                                 | NO                       |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE TO CUSTOMER** Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER \_\_\_\_\_ Date: \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_ SIMPLEXGRINNELL INSPECTOR SIGNATURE \_\_\_\_\_

DUPLICATE TO: \_\_\_\_\_ CASTLE TOWERS  
 STREET: \_\_\_\_\_ 325 S. YORK RD.  
 CITY, STATE AND ZIP: \_\_\_\_\_ BENSENVILLE, IL 60106  
 ATTN: \_\_\_\_\_

## TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations of Remedy.** It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,

• asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. **General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebidding in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



12 S. Center St.  
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Fax: 630.594.1105

[www.bensenville.il.us](http://www.bensenville.il.us)

**VILLAGE BOARD**

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Ilsa Rivera-Trujillo

**Interim Village Manager**  
Frank J. Kosman

Castle Towers  
325 S. York rd.  
C/O Victor Inava  
BLDG ENG.  
Re: Elevator Smoke Detectors

November 18, 2015

Mr. Inava, Regarding your visit to Village Hall and phone call concerning removal of elevator smoke detectors. Thompson's elevator inspector is following the codes correctly. Elevator code ASME A17.1-2013; 2.27.3.2 Phase I Emergency Recall Operation by fire Alarm Initiating Devices. States that "smoke detectors or other automatic fire detectors in environments not suitable for smoke detectors.....shall conform."

Exception (c) "elevator hoist way, when sprinklers are located in those hoist ways".

Since you have no sprinklers in hoist ways, they are correct in requiring you to remove them. You are allowed to leave electrical boxes and use blanks to cover them. When there are no sprinklers in hoist way, there will be no requirement to have smoke detectors in hoist ways.

Thompson Elevator Company is contracted with the Village of Bensenville to perform all elevator inspections as well as plan reviews. They are the authority having jurisdiction, (AHJ) for us in all matters of witnessing, testing and life safety inspections.

Best regards,

Anthony Bagnola+  
Plan Reviewer/Inspector  
Village of Bensenville  
630.594.1007direct  
630.670.1712cell  
[abagnola@bensenville.il.us](mailto:abagnola@bensenville.il.us)

| Application | Project/Activity          | Location            | Municipality | Owner         | App Status | User Status | Application Rec'd | Contractor                         | Project/Activity Desc Line 2   | Estimated Cost | Fee Effective Date | Permit Number |
|-------------|---------------------------|---------------------|--------------|---------------|------------|-------------|-------------------|------------------------------------|--------------------------------|----------------|--------------------|---------------|
| 1251        | MULTIFAMILY ACC/ALT/REP   | 325 YORK            |              | CASTLE TOWERS | ACTIVE     | ACTIVE      | 09/17/2010        |                                    | 07A PARKING LOT (CASTLE TOWER) | 5,000          | 09/17/2010         | 90021P1E      |
| 1253        | MULTIFAMILY ACC/ALT/REP   | 325 YORK            |              | UNKNOWN       | ACTIVE     | ACTIVE      | 02/19/2011        |                                    | GUARD RAIL                     | 8,853          | 02/19/2011         | 101005        |
| 1256        | NON-RESIDENTIAL ACCESSORY | 325 SOUTH YORK ROAD | BERSERVILLE  | UNKNOWN       | ACTIVE     | ACTIVE      | 08/14/2011        | CONSTRUCTION MANAGEMENT CORP OF FL | CONCRETE WORK                  | 6,800          | 08/14/2012         | 302211        |
| 1251        | NON-RESIDENTIAL ACCESSORY | 325 SOUTH YORK ROAD | BERSERVILLE  | CASTLE TOWERS | ACTIVE     | ACTIVE      | 04/22/2013        | SCHINDLER ELEVATOR CORPORATION     | ELEVATOR MODERNIZATION         | 150,000        | 04/22/2013         | 104200        |
| 1251        | THE ALARM SYSTEM (C)      | 325 SOUTH YORK ROAD | BERSERVILLE  | CASTLE TOWERS | ACTIVE     | ACTIVE      | 09/10/2013        | ALARM DETECTION SYSTEM INC.        | FIRE ALARM                     | 5,896          | 09/10/2013         | 104513        |