



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**

**President**  
Frank DeSimone

**Board of Trustees**  
Rosa Caemona  
Ann Franz  
Agnieszka "Annie" Jaworska  
McLane Lomax  
Nicholas Pomicola, Jr.  
Armando Perez

**Village Clerk**  
Nancy Dunn

**Village Manager**  
Evan K. Summers

July 27, 2017

Ms. Lynda Miller  
Sheet Metal Werks, Inc.  
455 East Algonquin Road  
Arlington Heights, Illinois 60005

Re: July 26, 2017 FOIA Request

Dear Ms. Miller:

I am pleased to help you with your July 26, 2017 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on July 26, 2017. You requested copies of the items indicated below:

*"Name and contact information for the General Contractor and HVAC Contractor for the project known as Brunner & Lay - 544 East Pine Ave."*

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

- 1) Village of Bensenville Permit Application No. 7042. (1 pg.)

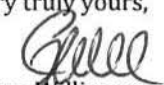
These are all of the documents that can be discovered responsive to your request.

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 unique 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: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us). You may also have a right of judicial review of the denial under Section 11 of 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

NON-RESIDENTIAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
PHONE: 630.350.3413 FAX: 630.350.3449

12 S. CENTER STREET  
BENSENVILLE, IL 60106

PERMIT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**SITE ADDRESS** 544 EAST PINE AVENUE **UNIT NUMBER** I.2

**DESCRIPTION OF WORK 1** NEW OFFICE/ WAREHOUSE FACILITY **ZONING DISTRICT** 03-13-327-016

**DESCRIPTION OF WORK 2** 10,172 S.F. SINGLE STORY MASONRY. **P.I.N. (Parcel Identification Number)** 1,000,000.00

**ESTIMATED COST** 1,000,000.00

Stormwater Permit Required?  Yes  No

**APPLICATION NUMBER** 7042

CONTRACTOR INFORMATION

**GENERAL CONTRACTOR** LATORIA BROS. CONSTRUCTION **Email Address** LATORIA@SBCGLOBAL.NET **Day Time Phone** 630-987-9800

**Address** 355 E. POTTER ST. WOODDALE IL 60191 **City, State, & ZIP Code** 630 250-

**LICENSED PLUMBING CONTRACTOR** LINO POLI PLUMBING **Email Address** CKOSTO@SBCGLOBAL.NET **Day Time Phone** 8500

**Address** 1555 INDUSTRIAL DR. ITASCA IL 60143 **City, State, & ZIP Code** 630 250-

**LICENSED ELECTRICAL CONTRACTOR** ARROW FLOW CO. **Email Address** LOU@ARROWFLOW.NET **Day Time Phone** 847-637-7968

**Address** 845 DILLON DR. WOODDALE IL 60191 **City, State, & ZIP Code** 630 250-

**LICENSED ROOFING CONTRACTOR** ARGO ROOFING CO. **Email Address** CHRIS@ARGO ROOFING.COM **Day Time Phone** 708 227 2450

**Address** 8450 CORCORAN RD. WILLOW SPRINGS IL 60480 **City, State, & ZIP Code** 60480

BUILDING INFORMATION (PLEASE check all that apply)

New Construction  Addition  Alteration  Accessory

**INTENDED USE:**

Assembly / Restaurant  Institutional / Medical  Factory / Industrial

Mercantile / Retail  Storage / Warehouse  Business / Office

Other \_\_\_\_\_

Single Tenant Building  Multiple Tenant Building (# of Tenants \_\_\_\_\_)

Existing Fire Alarm?  Yes  No

Existing Sprinkler System?  Yes  No

Full Building Coverage?  Yes  No (% of coverage 100)

Name of Business on Site Brunner & Lay

Description of Operations Heavy Equipment Parts Storage

Existing Sq.Ft. \_\_\_\_\_ New Sq.Ft. 10,172 Total Sq.Ft. 10,172

OWNER & APPLICANT INFORMATION

No error or omission in either the plans or application shall relieve the applicant in having the work completed in any other manner than that which 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 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.

**Applicant's Name (Print)** MIKE LATORIA **Applicant's Signature** [Signature] **Date** 5-23-17

**Address** 355 E. POTTER ST. WOOD DALE IL 60191 **City, State, & ZIP Code** 6302079800

**Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is the applicant's responsibility.**

I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinance for this permit.

**Property Owner's Name (Print)** JOE FANCHER **Property Owner's Signature** [Signature] **Date** 5-23-17

**Address** 1510N OLD MISSOURI RD P.O BOX 170 SPRINGDALE AR 479-466-8943 **City, State, & ZIP Code** 72765

OFFICE USE ONLY

FEES:		MILESTONE DATES:	
ESCROW*	\$ _____ .00	Applied on:	_____
APPLICATION	\$ _____ .00	Approved on:	_____
PLAN REVIEW	\$ _____ .00	Issued on:	_____
INSPECTIONS ( X \$45)	\$ _____ .00	Expires on:	_____
WATER CONNECTION	\$ _____ .00		
WATER METER	\$ _____ .00		
SEWER CONNECTION	\$ _____ .00	Approved by:	_____
FIRE METER	\$ _____ .00		
OTHER	\$ _____ .00		
TOTAL PERMIT FEE	\$ _____ .00		

\*All failed inspections will be charged against the escrow at the standard inspection rates. After final approvals and occupancy have been issued, the remaining escrow will be refunded to the payee via first class mail. In the event the cost of failed inspections exceeds the escrow amount, no further inspections will be completed until an additional escrow has been received.