



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

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November 17, 2017

Mr. Fabian Vazquez
317 West Colfax Street, Suite 109
Palatine, Illinois 60067

Re: November 15, 2017 FOIA Request

Dear Mr. Vazquez:

I am pleased to help you with your November 15, 2017 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on November 15, 2017. You requested copies of the items indicated below:

"I need a copy of the most recent roofing permits granted to address 626 Mclean Ave., Bensenville, IL 60106."

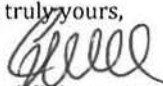
After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Permit No. 1817-101300. (3 pgs.)

These are all the records found responsive to your request.

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

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

626 Mclean Ave. Bensenville IL 60106
 SITE ADDRESS UNIT NUMBER
 Remove & Replace Roof
 DESCRIPTION OF WORK 1
 DESCRIPTION OF WORK 2 ESTIMATED COST \$6150.00

APPLICATION NUMBER 1817/101300

BUILDING INFORMATION (PLEASE check all that apply)

New Construction Addition Alteration Accessory
 Single Family Attached Garage
 Single Family Detached Garage
 1-Car Garage 2-Car Garage 3-Car Garage
 Ranch Split Level 2 Story
 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom
 Basement Crawlspace Both
 Attic Access Open/Vaulted Ceilings
 Village Water Well Water
 Village Sewer Septic System
 Natural Gas Propane Tank
 Existing Sq.Ft. New Sq.Ft.

CONTRACTOR INFORMATION

RECEIVED JUN 23 2011 COMMUNITY DEVELOPMENT
 GENERAL CONTRACTOR Day Time Phone
 Address City, State, & ZIP Code
 LICENSED PLUMBING CONTRACTOR Day Time Phone
 Address City, State, & ZIP Code
 LICENSED ELECTRICAL CONTRACTOR Day Time Phone
 Address City, State, & ZIP Code
 J&K Home Improvement 847-259-4435
 ROOFING CONTRACTOR Day Time Phone
 5005 Newport Dr. suite 201 Rolling Meadows IL 60008
 Address City, State, & ZIP Code

OFFICE USE ONLY

FEES	AMOUNT	MILESTONE DATES
ESCROW	\$ 80.00	Application 6-23-11
APPLICATION	\$ 30.00	Approved on SAME
PLAN REVIEW	\$.00	Issued on 6-23-11
INSPECTIONS (1 x \$40)	\$ 40.00	Expires on 12-23-11
WATER CONNECTION	\$.00	Approved by: MP
WATER METER	\$.00	
SEWER CONNECTION	\$.00	
FIRE METER	\$.00	
OTHER	\$.00	
TOTAL PERMIT FEES	\$ 150.00	

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. 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.
 Brent Lee 6/22/11
 Applicant's Name (Print) Applicant's Signature Date
 655 Perrie Dr. UNIT 303C Elk Grove Village IL 60007 847-321-1640
 Address City, State, & ZIP Code Day Time Phone
 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 ordinances for this permit.
 Owner's Name (Print) Owner's Signature Date
 Address City, State, & ZIP Code Day Time Phone

All failed inspections will be charged against the escrow at the standard inspection rates. After final approval 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.



COPY

7/11/2011

ESCROW BOND REFUND FORM

Application number: 1817

Project Address: 626 MC LEAN

Project: ROOF, GUTTERS, SIDING SF

Application comment: ROOFER PAID ALL

Application comment 2: RE-ROOF

Escrow bond account balance to be paid to:

Customer ID: 20208

J & K HOME IMPROVEMENT

5005 NEWPORT DR. STE 201

ROLLING MEADOWS, IL 60008

Payee application role: ROOF

Balance in Escrow account to be refunded: \$80

Approved by:

Scott R. Hagen

Director of Community & Economic Development

07-19-11

Date

Approved by:

Office of the Village Manager

Date

CK # 131474

08-09-11

PROPOSAL

Licensed, Insured & Bonded

Page No. ___ of ___ Pages



TT 106-98

5005 Newport Dr. Suite 201, Rolling Meadows, IL 60008 ~ Tel: 847-259-4435 ~ Fax: 847-259-8202

Proposal Submitted To: <u>MURRAY RIOS</u>	Phone: <u>630-350-7328</u>	Date: <u>6/19/11</u>
Address: <u>676 McLENN AVE</u>	Job Name or #: <u>630 244-4822</u>	
City, State, & Zip: <u>Bensenville IL 60106</u>	Job Location: <u>(Drapeters cell)</u>	

We hereby submit specifications and estimates for:

- Remove 2 (two) layers EXISTING shingles from home only AND GARAGE.
- ~~Inspect~~ inspect AND REPAIR AS NEEDED all decking AND FLASHINGS.
- INSTALL Royal Sovereign 3-TAB shingles IN COLOR _____ +
- INSTALL new power vent IN COLOR _____
- INSTALL new TUBE VENTS IN COLOR _____
- * Remove gutter from EAST side of garage REPAIR soffit fascia AND RE. install gutter.
- * Repair Swollen doors (2) front & side A CLEAN site AND remove all job debris.
- * Received Check #514 \$ 1085.00 6/18/11

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Contract Sum (\$ 6150.00)

Customer will pay Contractor a deposit of (\$ 1085.00) at signing of the contract.

Customer will pay (\$ BALANCE FROM INV.), when all the work is completed.

[Signature]
Authorized Signature

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature: Hilda Keshiery Date: 6/18 Signature: _____ Date: _____

THANK YOU