



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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September 13, 2019

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

Re: September 11, 2019 Commercial FOIA Request

Dear Ms. Miller:

I am pleased to help you with your September 11, 2019 Commercial Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on September 11, 2019. You requested copies of the items indicated below:

*"Name and contact information for the General Contractor and HVAC Contractor for the project known as: Bensenville Animal Hospital - 1208 W Irving Park Rd."*

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

- 1) Village of Bensenville Permit Application No. 9120. (2 pgs.)


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." 5 ILCS 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

PERMIT APPLICATION

Application Number  
9120

CHECK ONE:     RESIDENTIAL     MULTI-RESIDENTIAL     NON-RESIDENTIAL

1208 W. Irving Park Road    03 - 15 - 232 - 005    C-2  
 SITE ADDRESS    UNIT No.    P.I.N.    ZONING DISTRICT

Commercial gut-rehab build-out for new veterinarian office    \$ 900,000  
 DESCRIPTION OF WORK    ESTIMATED COST

Name of Business on Site (non-residential): Bensenville Animal Hospital

GENERAL CONTRACTOR: RWE Management Company    #40133  
 ADDRESS: 16W361 S. Frontage Rd    CITY, STATE & ZIP: Burr Ridge, IL 60527  
 PHONE: 630-734-0883    E-MAIL: Nick@rwe-management.com

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

OWNER AND APPLICANT INFORMATION

I, the undersigned, in either the plans of application or facing the work completed hereby, certify that it 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 foregoing statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Vikramjit Dhillon    [Signature]    05/07/2019  
 Applicant's Name (Print)    Applicant's Signature    Date  
488 S. Providence Dr.    New Berlin, WI 53146  
 Address    City, State & ZIP    Day Time Phone  
 [Redacted]  
 Applicant's Email Address

Correspondence and escrow 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.

Vikramjit Dhillon    [Signature]    05/07/2019  
 Property Owner's Name (Print)    Property Owner's Signature    Date  
488 S. Providence Dr.    New Berlin, WI 53146  
 Address    City, State & ZIP    Day Time Phone

OFFICE USE ONLY

BUILDING INFORMATION	OFFICE USE ONLY
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Storm-water Permit Required    Yes <input type="checkbox"/> NO <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div> <b>Milestone Dates:</b>            _____ Applied            _____ Approved            _____ Issued            _____ Expires         </div> <div> <b>Fees:</b>            ESCROW \$ _____            APPLICATION \$ _____            PLAN REVIEW \$ _____            INSPECTIONS ( ___ X\$35/\$45) \$ _____            OTHER \$ _____            OTHER \$ _____  <b>TOTAL FEES DUE</b> \$ _____         </div> </div>
PAID BY: _____ <div style="border: 2px solid black; padding: 5px; display: inline-block; text-align: center;"> <b>RECEIVED</b>              JUL 12 2019           </div> By _____	APPROVED BY: _____

LICENSED CONTRACTOR INFORMATION  
COMPLETE ALL THAT APPLY

ROOFING

LICENSED CONTRACTOR M&M Home Remodeling Services	EMAIL nick@m-mcorp.com;mike@m-mcorp.com	Day Time Phone 630-769-1700
ADDRESS 3488 Eagle Nest Dr.	City Crete	State & ZIP IL, 60417

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE

ELECTRICAL

LICENSED CONTRACTOR Delta Electrical Services, Inc.	EMAIL [REDACTED]	Day Time Phone [REDACTED]
ADDRESS 1980 Rose Terrace	City Riverwoods	State & ZIP IL, 60015

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

PLUMBING

LICENSED CONTRACTOR Priority Plumbing	EMAIL priorityplumbingdivision@gmail.com	Day Time Phone 773-235-1050
ADDRESS 2542 W Division	City Chicago	State & ZIP IL, 60622

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