



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

January 9, 2017

Board of Trustees

Rosa Carmona
Frank DeSimone
Annie Jaworska
David Majeski
Martin O'Connell
Henry Wesseler

Mr. Jack Riley
28600 Bella Vista Parkway
Warrenville, Illinois 60555

Re: January 5, 2017 FOIA Request

Village Clerk

Ilsa Rivera-Trujillo

Dear Mr. Riley:

Village Manager

Evan K. Summers

I am pleased to help you with your January 5, 2017 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on January 5, 2017. You requested copies of the items indicated below:

"Please provide permit confirmation for work being done @ 801 North Rt. 83, C-Store & Fueling Facility."

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

- 1) Village of Bensenville Permit Application No. 5800. (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 compiled 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 in consultation with an attorney for the Village, 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. 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

801 N. Route 83 at Bryn Mawr
SITE ADDRESS

New Convenience Store with Gas and Diesel Islands
DESCRIPTION OF WORK 1

I-2 Light Industrial
ZONING DISTRICT

P.I.N. (Parcel Identification Number)
\$1,750,000.00
ESTIMATED COST

Stormwater Permit Required? Yes No

APPLICATION NUMBER 5800

CONTRACTOR INFORMATION

TBD
GENERAL CONTRACTOR

Address _____ City, State, & ZIP Code _____
Email Address _____ Day Time Phone _____

LICENSED PLUMBING CONTRACTOR

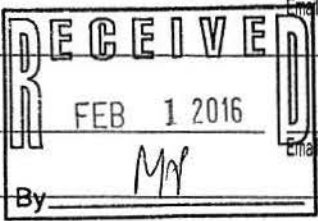
Address _____ City, State, & ZIP Code _____
Email Address _____ Day Time Phone _____

LICENSED ELECTRICAL CONTRACTOR

Address _____ City, State, & ZIP Code _____
Email Address _____ Day Time Phone _____

LICENSED ROOFING CONTRACTOR

Address _____ City, State, & ZIP Code _____
Email Address _____ Day Time Phone _____



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 _____]

Name of Business on Site Amerifuels

Description of Operations Convenience Store Gas Sta

Existing Sq.Ft. _____ New Sq.Ft. 3972 Total Sq.Ft. 3972

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.

Konstantinos Demakis
Applicant's Name (Print)

Applicant's Signature _____ Date 1-29-16

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.

Konstantinos B. Demakis
Property Owner's Name (Print)

Property Owner's Signature _____ Date 1-29-16

Address _____ City, State, & ZIP Code _____
Day Time Phone _____

OFFICE USE ONLY

FEES:

ESCROW * \$ 900.00

APPLICATION \$ 1000.00

PLAN REVIEW \$ 2233.00

INSPECTIONS 4800 \$ 1890.00

WATER CONNECTION \$ 2700.00

WATER METER \$ 1196.00

SEWER CONNECTION Set water on

FIRE METER \$ 00.00

OTHER ENG Reviews 33,180.77

TOTAL PERMIT FEE \$ 43,099.77

MILESTONE DATES:

Applied on: 2-1-16

Approved on: 6-29-16

Issued on: 9-13-16

Expires on: 3-13-17

Approved by: _____

*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.

VILLAGE OF BENSENVILLE

NON-RESIDENTIAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.3448

12 S. CENTER STREET
BENSENVILLE, IL 60106

PERMIT INFORMATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SITE ADDRESS	UNIT NUMBER	ZONING DISTRICT
DESCRIPTION OF WORK 1	P.I.N. (Parcel Identification Number)	
DESCRIPTION OF WORK 2	ESTIMATED COST	

CONTRACTOR INFORMATION

MAIN COMMERCIAL CONSTRUCTION GENERAL CONTRACTOR 570 E NORTH WEST HWY Address	DINO@MAINCONSTRUCTION.NET Email Address	[REDACTED] Day Time Phone	DES PLAINES IL 60016 City, State, & ZIP Code
SERVICE PRO'S INC LICENSED PLUMBING CONTRACTOR 5329 N. NEENAH Address	[REDACTED] Email Address	[REDACTED] Day Time Phone	CHICAGO IL - 60638 City, State, & ZIP Code
VANGUARD SECURITY CO LICENSED ELECTRICAL CONTRACTOR PO Box 46, Address	VANGUARD60106@AOL.COM Email Address	[REDACTED] Day Time Phone	BENSENVILLE IL 60106 City, State, & ZIP Code
WBR ROOFING COMPANY INC LICENSED ROOFING CONTRACTOR 25084 W. OLD RAND RD Address	WBRROOF@AOL.COM Email Address	[REDACTED] Day Time Phone	WAUCONDA IL 60084 City, State, & ZIP Code

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)	Applicant's Signature	Date
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.		Applicant's Email Address
Property Owner's Name (Print)	Property Owner's Signature	Date
Address	City, State, & ZIP Code	Day Time Phone

Stormwater Permit Required? Yes No
APPLICATION NUMBER _____

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 _____)

Name of Business on Site _____

Description of Operations _____

Existing Sq.Ft. _____ New Sq.Ft. _____ Total Sq.Ft. _____

OFFICE USE ONLY

FEES:		MILESTONE DATES:	
ESCROW *	\$.00	Applied on:	_____
APPLICATION	\$.00	Approved on:	_____
PLAN REVIEW	\$.00	Issued on:	_____
INSPECTIONS (X \$50)	\$.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.