



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**

September 24, 2020

**President**

Frank DeSimone

**Board of Trustees**

Rosa Carmona

Ann Franz

Marie T. Frey

McLane Lomax

Nicholas Panicola Jr.

Armando Perez

**Village Clerk**

Nancy Quinn

**Village Manager**

Evan K. Summers

Ms. Mirna Cabrera  
421 May Street  
Bensenville, Illinois 60106

Re: September 24, 2020 FOIA Request

Dear Ms. Cabrera:

I am pleased to help you with your September 24, 2020 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on September 24, 2020. You requested copies of the items indicated below:

*"Permits from the last 10 years."*

*Any and all documentation pertaining to Philos Technologies, Inc.; Bongsub Samuel Ko; Philos Global Technologies, Inc.; Philos International Holdings, Inc.; and Philos Tool Products, Inc."*

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

- 1) Village of Bensenville Permits Issued to 421 May Street Since January 1, 2010. (2 pg.)
- 2) Village of Bensenville Permit No. 1146. (13 pgs.)


These are all the records found 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 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 the 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

<b>Location</b>	<b>Municipality</b>	<b>App Status</b>	<b>User Status</b>	<b>Application Recv'd</b>	<b>Project/Activity Desc Line 2</b>
421 SOUTH MAY STREET	BENSENVILLE	COMPLETE	FINALED	08/12/2010	FOUNDATION WALL PEPAIR
421 SOUTH MAY STREET	BENSENVILLE	EXPIRED	CLOSED BY INSPECTOR	11/19/2010	REPAIR DRIVEWAY
421 SOUTH MAY STREET	BENSENVILLE	EXPIRED	CLOSED BY INSPECTOR	08/09/2011	UPGRDE ELECTRIC SERVICE
421 SOUTH MAY STREET	BENSENVILLE	ACTIVE	FINALED	08/20/2013	DECK
421 SOUTH MAY STREET	BENSENVILLE	COMPLETE	FINALED	09/20/2013	RE-ROOF

# VILLAGE OF BENSENVILLE PERMIT APPLICATION

Department Of Community Development  
Telephone (630) 350-3413

12 S. Center St. Bensenville, IL 60106  
Facsimile (630) 350-3449

## ALL PERMITS

SITE ADDRESS 421 South May St UNIT NO. \_\_\_\_\_

PIN NO. \_\_\_\_\_ LOT NO. \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

INTENDED USE  Single Family Residential [ ] Multi-Family Residential [ ] Assembly / Restaurant [ ] Business / Office  
[ ] Factory / Industrial [ ] Mercantile / Retail [ ] Storage / Warehouse [ ] Institutional / Medical [ ] Other \_\_\_\_\_

PERMIT TYPE [ ] New Const. [ ] Addition [ ] Alteration / Repair [ ] Accessory/Structure [ ] Demolition [ ] Site Improvement

DESCRIPTION OF THE WORK Foundation wall Repair VALUATION \$ 8350.00

GENERAL CONTRACTOR Structural Dynamics PHONE 815-899-2435

ADDRESS P.O. Box 507 Sycamore, IL 61078

PLUMBER NA PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ELECTRICIAN NA PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ROOFER NA PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PERMIT NUMBER** 1146 / 100655

## MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PERMITS ONLY

NAME OF BUSINESS ON THE SITE \_\_\_\_\_

DESCRIBE THE OPERATION OF THE BUSINESS \_\_\_\_\_

IS THERE ANYTHING HAZARDOUS IN THIS OPERATION? [ ] YES [ ] NO IF YES EXPLAIN \_\_\_\_\_

IS A FIRE ALARM SYSTEM IN PLACE? [ ] YES [ ] NO IS THE ENTIRE STRUCTURE PROTECTED? [ ] YES [ ] NO

IS A FIRE SPRINKLER SYSTEM IN PLACE? [ ] YES [ ] NO IS THE ENTIRE STRUCTURE PROTECTED? [ ] YES [ ] NO

IDENTIFY THE TYPE OF LAYOUT THIS BUILDING WILL HAVE. [ ] MULTIPLE UNITS [ ] ONLY ONE UNIT SPACE

WILL THERE BE ANY BUSINESS SUBLETTING SPACE IN THIS BUILDING UNIT? [ ] YES [ ] NO

APPROXIMATE THE NUMBER OF OCCUPANTS FOR THE ENTIRE BUILDING. \_\_\_\_\_ FOR THE UNIT. \_\_\_\_\_

TOTAL FLOOR AREA FOR THE ENTIRE BUILDING \_\_\_\_\_ Sq Ft TOTAL FLOOR AREA OF THE UNIT \_\_\_\_\_ Sq Ft

TOTAL NUMBER OF FLOORS \_\_\_\_\_ AREA OF THE SPACE BEING ALTERED AND/OR ADDED \_\_\_\_\_ Sq Ft

## ALL PERMITS

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 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.

Applicant's Signature \_\_\_\_\_ Applicant's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone \_\_\_\_\_

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

Owner's Signature Mary Ellen Nickel Owner's Name (Print) \_\_\_\_\_ Date 08/09/10

Address 421 S. May St. Bensenville, IL 60106 Day Time Phone \_\_\_\_\_

## OFFICE USE ONLY

INTSUB	\$ 21.00	WC	\$ _____	00	
INTSR	\$ 16.00	WM	\$ _____	00	AMOUNT DUE \$ <u>143.00</u> PAID _____
INTPR	\$ 27.00	FM	\$ _____	00	
BEDG	\$ 11.00	SC	\$ _____	00	DATE RECEIVED <u>8-12-10</u>
3x21 INSPECT	\$ 63.00	VEC	\$ _____	00	DATE APPROVED <u>8-13-10</u>
PLRO	\$ _____	ADCSUB	\$ _____	00	APPROVED BY <u>Oyer</u>
OCCUP	\$ _____	ADLPH	\$ _____	00	DATE ISSUED _____
SIGN	\$ _____	ADLPH	\$ _____	00	EXPIRATION DATE _____
DEMO	\$ _____	BD	\$ _____	00	
ENG	\$ _____	MISC	\$ _____	00	
TECH	\$ 5.00	LS	\$ _____	00	

BOND \$100. - Pd 8-12-10  
CK #

BLANKETS  
LICENSE  
NUMBER

# VILLAGE OF BENSENVILLE

## Department of Community and Economic Development

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### CONDITIONS OF THE PERMIT

**SITE LOCATION:** 421 MAY  
**INTENDED USE:** RS-4 MEDIUM HIGH DENSITY SINGLE-FAMILY RESIDENTIAL  
**APPLICATION NO:** 1146  
**APPLICATION TYPE:** SINGLE FAMILY ACC/ALT/REP  
**DESCRIPTION OF WORK:** FOUNDATION WALL REPAIR

FILE COPY

- 
1. All work whether approved or not shall be in compliance with the applicable codes and ordinances.
  2. Contact the Community and Economic Development Department 48 hours in advance at 630-350-3413 for any necessary inspections.
  3. No work except what has been approved or required shall be permitted through the execution of this permit. No changes to the approved plans will be permitted without authorization by the Department of Community and Economic Development in writing.
  4. THESE PLANS & CONDITIONS MUST BE AT THE JOB SITE AND AVAILABLE FOR EACH INSPECTION. If the approved copy is not available, the inspection will not be conducted and the report shall be marked "Not Approved." DO NOT REMOVE THESE CONTIONS FROM THE PLANS.
  5. SPECIAL CONDITIONS TO APPLICATION NUMBER 1146

#### PLAN EXAMINER REVIEW

This permit is limited to foundation wall repair for an existing house at the above referenced address. All work must be in accordance with the drawings signed and sealed by Theodore Carlson, a licensed structural Engineer.

Approval of this permit is based exclusively on drawings and specifications dated 08-03-10 prepared by Theodore Carlson, Structural Dynamics, PO Box 607 Sycamore, IL 60178. All work must be performed in strict compliance with these documents or it will not be approved.

Temporary shoring, adequate for the conditions of the work must be provided to support the existing structure before, during construction and until the the new concrete and mortar have

cured completely.

Owner should discuss with their attorney the requirement for Certificates of Insurance for liability and workmens compensation insurance, down payments, contractor's sworn statement and waivers of lien. These are important legal documents which should be provided to protect the owner.

No electrical or plumbing work is included as a part of this permit. If any is necessary to the performance work, it must be done by a licensed plumber and a license and bonded electrician. No work on this nature is permitted without the modification of this permit.

The work in progress must be inspected and approved in accordance with the inspection list provided with this permit. Contractor is responsible to expose concealed work without inspection and approval.

All conditions are mandatory, no changes to the approved plans will be permitted without the written authorization by the Department of Community and Economic Development. Failure to comply with the preceding conditions will invalidate the approval of this permit.

The completion of this project and the bond refund process is subject to the final inspection and approval by the Village Inspector(s). Items not noted during this review will be addressed.

Having read and understood the preceding conditions, I hereby agree to comply with them.



SIGNATURE

Mary Ellen Nickol

NAME (PRINT)

08/18/10

DATE

011259



**STRUCTURAL DYNAMICS, INC.**

• STRUCTURAL ENGINEERS • STRUCTURAL REPAIR

July 20, 2010

Mary Ellen Nickol  
421 South May Street  
Bensonville, IL 60108

Re: Foundation Wall Bracing  
421 South May Street  
Bensonville, IL

RECEIVED  
AUG 12 2010  
COMMUNITY DEVELOPMENT

Ms. Nickol,

***We propose to furnish labor and material to complete the following:***

1. Break up and remove front concrete stoop. Replacement by others.
2. Excavate along the front (west) foundation wall, approximately 35', down to within a couple of feet of the footing.
3. Shore home and push front foundation wall back to as plumb a position as possible.
4. Install steel angle braces along front and rear foundation walls at approximately 32" on center. Braces to bolt into the floor joists and epoxy anchor into the foundation wall.
5. Backfill front foundation wall to rough grade only.

***We will not assume responsibility for the following items unless indicated above or directed to do so by you under a signed change order:***

1. If required owner agrees to obtain and pay for any permits and permit fees. If required Structural Dynamics, Inc. will provide engineering services and drawings necessary for you to obtain a permit for an additional \$650.00 over the contract price listed below.
2. Removing of any utilities. Re-routing of any utilities. Re-installing any utilities. Repairing any utilities. Structural Dynamics, Inc. will not be responsible for any house hold utilities such as heating ducts, electrical wiring, plumbing pipes or fixtures etc. need to be removed, replaced, or repaired during the construction

P.O. BOX 507

SYCAMORE, IL 61078

(815)899-2435

Fax (815)899-8961

process. We recommend removing all utilities before work begins.

3. Moving any items which will interfere with the construction process. Structural Dynamics, Inc. will not be responsible for any carpet, paneling, appliances, mechanical equipment, items stored in the area of construction, etc. that are unintentionally damaged or needs to be removed and replaced. Structural Dynamics, Inc. will, however, exercise care.
4. Others to epoxy inject foundation wall cracks.
5. Being present for any inspections that may be required by the local municipality.

All of the above work to be completed in a substantial and workmanlike manner for the sum of: Eight Thousand Three Hundred Fifty Dollars (\$8,350.00).

Payment Schedule:

Deposit:	\$3000.00
Upon Completion:	Remainder

#### **LIMITED WARRANTY**

Only the work to be performed under this agreement is guaranteed for 10 years against all defects in materials and workmanship.

THE FOREGOING IS OUR SOLE WARRANTY. ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY AND WARRANTY OF FITNESS FOR PURPOSE, ARE EXCLUDED. Your exclusive remedy shall be for correction of any defect in workmanship and materials, as set forth above. In no event shall you be entitled to consequential damages, regardless of whether the claim is based on warranty, contract, tort, or otherwise.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. If you do not pay as and when required by this contract, however, all guarantees by it will be void and a 1 1/2% per month interest charge will accrue and you will pay all costs related to the collection of the amount, including reasonable attorney's fees and court costs whether or not prosecuted to judgment. The parties hereto agree that all court actions filed concerning performance of this agreement shall be filed in the 16th Judicial Circuit, County of DeKalb, IL. 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 are contingent upon absence of strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workers' Compensation insurance. This contract contains all of the terms and conditions agreed to by the parties and no other representations, warranties or agreements, express or implied, shall vary the terms of this contract.

This proposal may be withdrawn by Structural Dynamics, Inc. if not accepted within 30 days.

**ACCEPTANCE**

You are hereby authorized to furnish all materials and labor required to complete the work mentioned in the above proposal, for which the undersigned agrees to pay the amount mentioned in said proposal, and according to the terms thereof.

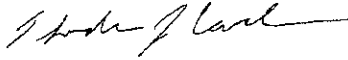
Signed

A large black rectangular redaction box covers the signature of the authorized representative.

Date:

7/27/10

STRUCTURAL DYNAMICS, INC.

A handwritten signature in cursive script, appearing to read "Theodore J. Carlson".

Theodore J. Carlson



**VILLAGE OF BENSENVILLE**  
**700 West Irving Park Road**  
**Bensenville, Illinois 60106**  
**(630) 350-3413**

**Permit Modification Receipt**

Date: 10-26-10

Name: MARY ELLEN HICKO

Address: 421 MAY

City: LEASERVILLE State: IL Zip: 60106

Permit #: 2010 1146

Job Site Address: 421 MAY

Notes: MODIFY EXISTING PERMIT TO ADD ELECTRICAL  
ALSO ADD ELECTRIC - LIC - ICC. BOARD TO PERMIT

**RECEIVED**

OCT 26 2010

OFFICE USE ONLY			
INTSUB	\$ _____ .00	WC	\$ _____ .00
INTSR	\$ _____ .00	WM	\$ _____ .00
INTPR	\$ _____ .00	FM	\$ _____ .00
BLDG	\$ _____ .00	SC	\$ _____ .00
INSPECT	\$ <u>02</u> .00	WFC	\$ _____ .00
PLRO	\$ _____ .00	ADLSUB	\$ <u>11</u> .00
OCCUP	\$ _____ .00	ADLSR	\$ _____ .00
SIGN	\$ _____ .00	ADLPR	\$ _____ .00
DEMO	\$ _____ .00	BD	\$ <u>37</u> .00
TOTAL FEE		\$ _____ .00	
APP. FEE		\$ _____ .00	PAID _____
BALANCE DUE		\$ <u>63</u> .00	PAID <u>PK 11/26/10</u>
DATE RECEIVED		<u>10-26-10</u>	
DATE APPROVED		<u>11-26-11</u>	
APPROVED BY		_____ M/A	
DATE ISSUED		_____	
EXPIRATION DATE		_____	
NOTES _____			

**RECEIVED**

OCT 26 2010

COMMUNITY DEVELOPMENT

WHITE-PERMIT FILE

CANARY-COLLECTOR

PINK-APPLICANT

**T.P.I.**  
**Building Code Consultants, Inc.**  
 630.443.1567 • Fax 630.443.2495

**INSPECTION REPORT**

SITE ADDRESS: 421 MAY ST. INSPECTION DATE: 8/27/10  
 CITY or VILLAGE: BENSONVILLE INSPECTION TIME: 10:55 (A) AM/PM  
 INSPECTOR ASSIGNED: STEVE MEERTES PERMIT NO.: 1146

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input checked="" type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	
<b>SPECIAL</b> <u>* FOUNDATION WALL REPAIR *</u>				

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS:

- ① ANGLE BRACING DOES NOT EXTEND THE FULL LENGTH OF EITHER THE FRONT OR REAR WALLS. HOWEVER 2 COLUMNS NOT SHOWN ON THE APPROVED DRAWING WERE ADDED TO THE FRONT WALL.
- ② INSTALL ADDITIONAL ANGLE BRACING ON BOTH THE FRONT & REAR WALLS PER PLAN OR PROVIDE A REVISED PLAN FROM THE STRUCTURAL ENGINEER APPROVING THE INSTALLATION AS IT IS.
- ③ INSPECTION REQUIRED PRIOR TO POURING NEW FRONT STOOP

APPROVED: - Building Division only

ENTERED 7/21/10  
*NR*

NOT APPROVED:

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Received By: Mary Ellen [Signature] Inspector: [Signature]

# T.P.I.

## Building Code Consultants, Inc.

630.443.1567 • Fax 630.443.2495

### INSPECTION REPORT

SITE ADDRESS: 421 May St. INSPECTION DATE: 9/15/10

CITY or VILLAGE: BENSENVILLE INSPECTION TIME: 11:46 AM/PM

INSPECTOR ASSIGNED: DEAN LAURENTE PERMIT NO.: 1146-1001655

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Other <u>STOOD SWALK</u>
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	
<b>SPECIAL</b>				

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9/23/10  
*[Signature]*

APPROVED: - Building Division only

\_\_\_\_\_

NOT APPROVED:

\_\_\_\_\_

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Received By: Cesar H. [Signature] Inspector: [Signature]

# T.P.I.

## Building Code Consultants, Inc.

630.443.1567 • Fax 630.443.2495

### INSPECTION REPORT

SITE ADDRESS: 421 S. MAY ST      INSPECTION DATE: 10/20/10  
 CITY or VILLAGE: BEAVERVILLE      INSPECTION TIME: 10:40 AM/PM  
 INSPECTOR ASSIGNED: STEVE MERTZ      PERMIT NO.: 1146 - 106655

<input checked="" type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	<u>BASMENT EGRESS WINDOW</u>
<b>SPECIAL</b>				

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**OFFICE/INSPECTOR COMMENTS:**

① SUPPORT JOISTS ABOVE WINDOW FRAME SO AS TO TRANSFER FLOOR/JOIST LOAD AWAY FROM WINDOW FRAME

*Steve Mertz*

10/21/10  
*ME*

APPROVED: - Building Division only

NOT APPROVED:

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Received By: \_\_\_\_\_ Inspector: *SM*

# T.P.I.

## Building Code Consultants, Inc.

630.443.1567 • Fax 630.443.2495

### INSPECTION REPORT

SITE ADDRESS: 421 May St. INSPECTION DATE: 11/3/10  
 CITY or VILLAGE: Pensacola INSPECTION TIME: \_\_\_\_\_ AM/PM (M)  
 INSPECTOR ASSIGNED: DEAN LAURONTE PERMIT NO.: 1146

<input checked="" type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input checked="" type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Other <i>Basement Egress Window</i>
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	
<b>SPECIAL</b> <u>* Foundation wall Repair *</u>				

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**OFFICE/INSPECTOR COMMENTS:**

① Foundation wall repair rough is approved as is basement egress window.  
 ② Final inspection on concrete permit is not approved  
 items ① gas line on exterior (front) of house needs to be supported. ② Grading and landscaping must be completed.

APPROVED: - Building Division only

11/5/10  
*[Signature]*

NOT APPROVED

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Received By: Mary Ellen Nicksal

Inspector: [Signature]

9355

# T.P.I. Building Code Consultants, Inc.

630.443.1567 • Fax 630.443.2495

Res-Bldg

## INSPECTION REPORT

SITE ADDRESS: 421 May St INSPECTION DATE: 11/7/11  
 CITY or VILLAGE: Bassouville INSPECTION TIME: AM/PM  
 INSPECTOR ASSIGNED: Den L PERMIT NO.: 1146

<input type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input checked="" type="checkbox"/> Drain Tile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	

**SPECIAL**

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS: \*Modified Permit 10/13/11 \*

OK to pour floor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPROVED: Building Division only

NOT APPROVED:

**THIS IS NOT A CERTIFICATE OF OCCUPANCY**

Received By: [Signature] Inspector: [Signature]

# T.P.I.

## Building Code Consultants, Inc.

630.443.1567 • Fax 630.443.2495

### INSPECTION REPORT

SITE ADDRESS: 421 MAY INSPECTION DATE: 11/11/11  
 CITY or VILLAGE: BENKSVILLE INSPECTION TIME: 10.45 AM/PM  
 INSPECTOR ASSIGNED: STEVE MERTES PERMIT NO.: 1146

<input checked="" type="checkbox"/> FINAL	<input type="checkbox"/> Basement Floor	<input type="checkbox"/> Fence	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sign
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Insulation	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> PREPOUR	<input type="checkbox"/> Business License	<input type="checkbox"/> Footing	<input type="checkbox"/> Landscaping	<input checked="" type="checkbox"/> Structural
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Telephone
<input type="checkbox"/> ROUGH	<input type="checkbox"/> DrainTile/Dampproof	<input type="checkbox"/> Framing	<input type="checkbox"/> Post Holes	<input type="checkbox"/> Water
<input type="checkbox"/> SERVICE	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garage Floor	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other
<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> Electric	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer	
<b>SPECIAL</b> <u>FOUNDATION WALL REPAIR DRAIN TILE EXCESS WINDOW STOP</u>				

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OFFICE/INSPECTOR COMMENTS:

NOTE: NO ELECTRICAL WORK DONE UNDER THIS PERMIT

11/11/11  
[Signature]

APPROVED: - Building Division only

NOT APPROVED:

**THIS IS NOT A CERTIFICATE OF OCCUPANCY**

Received By: [Signature] Inspector: [Signature]