BENSENVILLE

12 South Center Street
Bensenville, IL 60106

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

March 17, 2021

Mr. John M. Galich
10075 West Lincoln Highway
Frankfort, Illinois 60423

Re: March 17, 2021 FOIA Request

Dear Mr. De Galich:

I am pleased to help you with your March 17, 2021 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on March 17, 2021. You requested copies of the items indicated below:

"A copy of all building permit applications since 2016 submitted to the Village of Bensenville relating at 811 E. Grand Avenue; and, a copy of the business license application, and the business license, for the business (Holiday Inn Express) located at 811 E. Grand Avenue, Bensenville, IL 60106."

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

1) Village of Bensenville Permit Application No. 6827. (1 pg.)
2) Village of Bensenville Permit Application No. 6889. (1 pg.)
3) Village of Bensenville Permit Application No. 7943. (1 pg.)
4) Village of Bensenville Permit Application No. 8036. (4 pgs.)
5) Village of Bensenville Permit Application No. 8099. (1 pg.)
6) Village of Bensenville Permit Application No. 9363. (1 pg.)
7) Village of Bensenville Application for Business License for 811 East Grand Avenue. (2 pgs.)
8) Village of Bensenville Business License No. 5247. (1 pg.)

These are all the records found responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclose. "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 finical 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. 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

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

811 E. Grand Ave. — SITE ADDRESS
UNIT NUMBER
RS-1 — ZONING DISTRICT

Installation of two (2) hydraulic elevators as — DESCRIPTION OF WORK 1
per attached plans — DESCRIPTION OF WORK 2

P.I.N. (Parcel Identification Number)
$158,500 — ESTIMATED COST

Stormwater Permit Required? ☐ Yes ☒ No

APPLICATION NUMBER 6827

CONTRACTOR INFORMATION

#25071

Schindler Elevator Corp. — GENERAL CONTRACTOR	maribel.aguilar@schindler.com — Email Address	630.478.7179 — Day Time Phone
853 N. Church Ct. — Address	Elmhurst IL 60126 — City, State, & ZIP Code	
LICENSED PLUMBING CONTRACTOR	Email Address	Day Time Phone
Address	City, State, & ZIP Code	
LICENSED ELECTRICAL CONTRACTOR	Email Address	Day Time Phone
Address	City, State, & ZIP Code	
LICENSED ROOFING CONTRACTOR	Email Address	Day Time Phone
Address	City, State, & ZIP Code	

RECEIVED
MAR 10 2017
By 6827 dyf

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.

Schindler - Mari. bel Aguilar — Applicant's Name (Print)	[redacted] — Applicant's Signature	3.9.17 — Date
853 N. Church Ct. — Address	Elmhurst IL 60126 — City, State, & ZIP Code	630.478.7186 — 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. mari.bel.aguilar@schindler.com — Applicant's Email Address

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

Holiday Inn Express Bensenville — Property Owner's Name (Print)	Property Owner's Signature	Date
811 E. Grand Ave. — Address	Bensenville IL 60106 — City, State, & ZIP Code	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 _____
Description of Operations _____

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

OFFICE USE ONLY

FEES:		MILESTONE DATES:	
ESCROW*	$ 180.00	Applied on:	3-10-17
APPLICATION	$ 100.00	Approved on:	3-22-17
PLAN REVIEW	$ 110.00	Issued on:	4-12-17
INSPECTIONS (2 X $68)	$ 100.00	Expires on:	10-12-17
WATER CONNECTION	$ .00		
WATER METER	$ .00		
SEWER CONNECTION	$ .00	Approved by:	
FIRE METER	$ .00		
OTHER	$ .00		
TOTAL PERMIT FEE	$ 490.00		

*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.

VILLAGE OF BENSENVILLE
Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number: 6889

RESIDENTIAL MULTI-RESIDENTIAL ✓ NON-RESIDENTIAL

PERMIT INFORMATION

Holiday Inn		P.I.N.
SITE ADDRESS	UNIT NUMBER	ZONING DISTRICT: RS-1
811 E. Grand Ave. Bensenville, IL		

DESCRIPTION OF WORK
Instalation of new Fire Sprinkler System

ESTIMATED COST $92,260.00

GENERAL CONTRACTOR	EMAIL	Day Time Phone
Fire Pros Inc. 35374	ronj@firepros.com	616-453-4800
ADDRESS	City	State & ZIP
2710 Northridge Dr. Suite F	Grand Rapids	MI 49544
LICENCED PLUMBING CONTRACTOR	EMAIL	Day Time Phone
BUSINESS	City	State & ZIP
LICENSED ELECTRICAL CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED FIRE PROTECTION CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

RECEIVED
APR 07 2017
By: dlf

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 same 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 limited to cancellation fees, plan review fees and re-inspection 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.

Robert Proos	[redacted]	4/6/17
Applicant's Name (Print)	Applicant's Signature	Date
2710 Northridge Dr. Suite F	Grand Rapids, MI 49544	616-453-4800
Address	City, State & ZIP	Day Time Phone
Bobp@firepros.com		
Applicant's Email Address		

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility.
I hereby authorize the above listed applicant to comply to the provisions of the applicable code and ordinances of this permit.

S SHAH	[redacted]	
Property Owner's Name (Print)	Property Owner's Signature	Date
Address	City, State & ZIP	Day Time Phone

BUILDING INFORMATION (check all that apply)

✓ New Construction Addition
Alteration Accessory

Name of Business on Site (non-residential)

Storm-water Permit Required Yes No

OFFICE USE ONLY

Milestone Dates
4.7.17 Applied
4.11.17 Approved
5-2-17 Issued
11-2-17 Expires

Approved by

FEES:
ESCROW $ 225.
APPLICATION $ 100.
PLAN REVIEW $ 27.
INSPECTIONS (1 x$35/$45) $
OTHER $
OTHER $ 150.
TOTAL PERMIT FEE $ 502.

VILLAGE OF BENSENVILLE
Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number 7943

RESIDENTIAL MULTI-RESIDENTIAL (NON-RESIDENTIAL)

PERMIT INFORMATION

811 E. Grand Ave. Bensenville, IL 60106
SITE ADDRESS

UNIT NUMBER

P.I.N. 3.75.200.006
RS-1
ZONING DISTRICT

DESCRIPTION OF WORK: Install new Fire Alarm System

ESTIMATED COST $ 60,00

GENERAL CONTRACTOR: THOMAS ALARM, INC	EMAIL	Day Time Phone: 630-553-4560
ADDRESS: #37274	City	State & ZIP
LICENCED PLUMBING CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED ELECTRICAL CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP
LICENSED ROOFING CONTRACTOR	EMAIL	Day Time Phone
ADDRESS	City	State & ZIP

RECEIVED
MAR 12 2018
By

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees, and re-inspection 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.

Thomas Alarm, Inc.	[redacted]	03/08/18
Applicant's Name (Print)	Applicant's Signature	Date
701 N Bridge Street	Yorkville, Illinois 60560	630.553.4560
Address	City, State & ZIP	Day Time Phone

allen@thomasalarm.com
Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is 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.

Sonny Shah	[redacted]	3/07/2018
Property Owner's Name (Print)	Property Owner's Signature	Date
811 E. Grand Ave	Bensenville, IL 60106	847-666-8177
Address	City, State & ZIP	Day Time Phone

BUILDING INFORMATION (check all that apply)

(New Construction) Addition
Alteration Accessory

Name of Business on Site (non-residential)

Holiday Inn Express & Suites

Storm-water Permit Required Yes No

OFFICE USE ONLY

Milestone Dates
_____ Applied
_____ Approved
_____ Issued
_____ Expires

Approved by_____

Paid by:_____

FEES:
ESCROW $_____
APPLICATION $_____
PLAN REVIEW $_____
INSPECTIONS (___X$35/$45) $_____
OTHER $_____
OTHER$_____
TOTAL FEES DUE $_____

VILLAGE OF BENSENVILLE

SIGN PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.3449
12 S. CENTER STREET
BENSENVILLE, IL 60106

APPLICATION NUMBER 8036

SIGN I.D. NUMBER 2106, 2107, 2108

PERMIT INFORMATION — INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

811 E. GRAND AVE — SITE ADDRESS
UNIT NUMBER
RS-1 — ZONING DISTRICT
HOLIDAY INN EXPRESS — BUSINESS / TENANT NAME
P.I.N. (Permanent Index Number)
[redacted] — TELEPHONE NUMBER
[redacted] — Email Address
23000/2 — ESTIMATED COST

CONTRACTOR INFORMATION

kena@integritysigncompany.com

INTEGRITY SIGN — SIGN INSTALLER
Email Address
708.478.2700 — Day Time Phone
18770 88TH AVE — Address
MOKENA IL — City, State, & ZIP Code
SAME AS ABOVE — LICENSED ELECTRICAL CONTRACTOR
Email Address
Day Time Phone
Address
City, State, & ZIP Code

RECEIVED
APR 26 2018
By

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.

SONNY SHAH — Applicant's Name (Print)
[redacted] — Applicant's Signature
4-25-18 — Date
777. E. GRAND AVE — Address
BENSENVILLE IL 60106 — City, State & ZIP Code
[redacted] — Day Time Phone
[redacted] — Applicant's Email Address

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.

S. SHAH — Property Owner's Name (Print)
[redacted] — Property Owner's Signature
4-25-18 — Date
811 E. Grand Ave — Address
Bensenville IL — City, State, & ZIP Code
[redacted] — Day Time Phone

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):
☐ WALL MOUNTED ☐ FREESTANDING ☐ DIRECTORY/I.D.
☐ MENU BOARD ☐ BILLBOARD ☐ TEMPORARY
☐ OTHER _____

ILLUMINATED SIGNS:
☐ NUMBER OF LAMPS _____ ☐ WATTAGE _____
☐ NUMBER OF TRANSFORMERS _____ ☐ VOLTAGE _____
☐ ELECTRICAL CIRCUITS _____ ☐ AMPERAGE _____

SITE INFORMATION:
☐ LOT FRONTAGE _____ (IN LINEAR FEET) ☐ TENANT FRONTAGE _____ (IN LINEAR FEET)
☐ HEIGHT FROM GRADE _____
☐ SIGN LENGTH _____ ☐ SIGN HEIGHT _____
☐ TOTAL SQUARE FOOTAGE _____

OFFICE USE ONLY — TOTALS (3) SIGNS

FEES:		MILESTONE DATES:	
ESCROW*	$ 180.00	Applied on:	4-26-18
APPLICATION	$ 0.00	Approved on:	4-30-18
PLAN REVIEW	$ 0.00	Issued on:	5-01-18
INSPECTIONS (9 X $45)	$ 405.00	Expires on:	11-01-18
OTHER	$ .00		
TOTAL PERMIT FEE	$ 585.00	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 — SIGN 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

811 E. GRAND AVE — SITE ADDRESS
UNIT NUMBER
RS-1 — ZONING DISTRICT

HOLIDAY INN EXPRESS — BUSINESS / TENANT NAME
[redacted] — TELEPHONE NUMBER
[redacted] — Email Address
P.I.N. (Permanent Index Number) 27077/2
ESTIMATED COST

CONTRACTOR INFORMATION

INTEGRITY SIGN — SIGN INSTALLER
kenk@integritysigncompany.com — Email Address
708.478.2700 — Day Time Phone
18770 88TH AVE — Address
MOKENA IL — City, State, & ZIP Code
SAME AS ABOVE — LICENSED ELECTRICAL CONTRACTOR
Email Address
Day Time Phone
Address
City, State, & ZIP Code

RECEIVED
APR 26 2018
By

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.

SONJA SHAH — Applicant's Name (Print)
[redacted] — Applicant's Signature
4-25-18 — Date
777 E. GRAND AVE — Address
BENSENVILLE IL 60106 — City, State, & ZIP Code
[redacted] — Day Time Phone
[redacted] — Applicant's Email Address

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
[redacted] 4-25-18

S. SHAH — Property Owner's Name (Print)
[redacted] — Property Owner's Signature
Date
811 E. Grand Ave — Address
Bensenville IL — City, State, & ZIP Code
[redacted] — Day Time Phone

APPLICATION NUMBER 8036

SIGN I.D. NUMBER 2106

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):
- ☐ WALL MOUNTED
- ☒ FREESTANDING
- ☐ DIRECTORY/I.D.
- ☐ MENU BOARD
- ☐ BILLBOARD
- ☐ TEMPORARY
- ☐ OTHER

ILLUMINATED SIGNS:
- ☐ NUMBER OF LAMPS ____ ☐ WATTAGE ____
- ☐ NUMBER OF TRANSFORMERS ____ ☐ VOLTAGE ____
- ☐ ELECTRICAL CIRCUITS ____ ☐ AMPERAGE ____

SITE INFORMATION:
- ☐ LOT FRONTAGE (IN LINEAR FEET) 8'1" ☐ TENANT FRONTAGE (IN LINEAR FEET) ____
- ☐ HEIGHT FROM GRADE 6'
- ☐ SIGN LENGTH 8'0" ☐ SIGN HEIGHT 8'4-0
- ☐ TOTAL SQUARE FOOTAGE 64.32

OFFICE USE ONLY — Monument.

FEES:		MILESTONE DATES:	
ESCROW*	$ .00	Applied on:	4-26-18
APPLICATION	$ .00	Approved on:	4-30-18
PLAN REVIEW	$ .00	Issued on:	5-01-18
INSPECTIONS (5 X $45)	$ 225.00	Expires on:	11-01-18
OTHER	$ .00		
TOTAL PERMIT FEE	$ 225.00	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 — SIGN 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

811 E. GRAND AVE
SITE ADDRESS | UNIT NUMBER | ZONING DISTRICT

HOLIDAY INN EXPRESS
BUSINESS / TENANT NAME | P.I.N. (Permanent Index Number) 1/0000/2

[redacted] | [redacted] | 1/0000/2
TELEPHONE NUMBER | Email Address | ESTIMATED COST

CONTRACTOR INFORMATION

INTEGRITY SIGN | KEN@integrity signcompany.com | 708 478-2700
SIGN INSTALLER | Email Address | Day Time Phone

18770 88TH AVE | MOKENA IL
Address | City, State, & ZIP Code

SAME AS ABOVE | | |
LICENSED ELECTRICAL CONTRACTOR | Email Address | Day Time Phone

Address | 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.

SONNY SHAH | [redacted] | 4/25/18
Applicant's Name (Print) | Applicant's Signature | Date

777 E. GRAND AVE | BENSENVILLE | IL [redacted]
Address | City, State, & ZIP Code | Day Time Phone

[redacted]
Applicant's Email Address

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 [redacted]

SHAH | [redacted] | 4/25/18
Property Owner's Name (Print) | Property Owner's Signature | Date

811 E. Grand Ave | Bensenville IL | [redacted]
Address | City, State, & ZIP Code | Day Time Phone

RECEIVED
APR 26 2018
By

APPLICATION NUMBER 8036

SIGN I.D. NUMBER 2107

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):
- [x] WALL MOUNTED
- [ ] FREESTANDING
- [ ] DIRECTORY/I.D.
- [ ] MENU BOARD
- [ ] BILLBOARD
- [ ] TEMPORARY
- [ ] OTHER

ILLUMINATED SIGNS
- [ ] NUMBER OF LAMPS
- [ ] WATTAGE
- [ ] NUMBER OF TRANSFORMERS
- [ ] VOLTAGE 120
- [ ] ELECTRICAL CIRCUITS
- [ ] AMPERAGE

SITE INFORMATION:
- [ ] LOT FRONTAGE (IN LINEAR FEET)
- [ ] TENANT FRONTAGE (IN LINEAR FEET)
- [ ] HEIGHT FROM GRADE 48' TO TOP
- [ ] SIGN LENGTH 13' 9 3/4"
- [ ] SIGN HEIGHT 16' 5 1/2"
- [ ] TOTAL SQUARE FOOTAGE 224 ±

OFFICE USE ONLY: EAST WALL X

FEES:		MILESTONE DATES:	
ESCROW*	$ — .00	Applied on:	4-26-18
APPLICATION	$ — .00	Approved on:	4-30-18
PLAN REVIEW	$ — .00	Issued on:	5-01-18
INSPECTIONS (2 X $45)	$ 90 .00	Expires on:	11-01-18
OTHER	$ — .00		
TOTAL PERMIT FEE	$ 90 .00	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 — SIGN PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.3449
12 S. CENTER STREET
BENSENVILLE, IL 60106

APPLICATION NUMBER 8036

SIGN I.D. NUMBER 2108

PERMIT INFORMATION — INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

811 E. GRAND AVE
SITE ADDRESS | UNIT NUMBER | ZONING DISTRICT

HOLIDAY INN EXPRESS
BUSINESS / TENANT NAME | P.I.N. (Permanent Index Number)

[redacted]
TELEPHONE NUMBER | Email Address | ESTIMATED COST: 23000/-

CONTRACTOR INFORMATION

INTEGRITY SIGN — ken@integrity signcompany.com — 708.978-2700
SIGN INSTALLER | Email Address | Day Time Phone

18770 88TH AVE — NOLENA IL
Address | City, State, & ZIP Code

SAME AS ABOVE — Email Address — Day Time Phone
LICENSED ELECTRICAL CONTRACTOR

Address — City, State, & ZIP Code

RECEIVED
APR 26 2018
By

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.

SONNY STARR — Applicant's Signature — Date
Applicant's Name (Print)

777 E. GRAND AVE — BENSENVILLE IL 60106 — 847.660.9177
Address | City, State, & ZIP Code | Day Time Phone

[redacted]
Applicant's Email Address

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 ord[redacted]

4/25/18
Property Owner's Name (Print) | Property Owner's Signature | Date

811 E Grand Ave — Bensenville — [redacted]
Address | City, State, & ZIP Code | Day Time Phone

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):
- [x] WALL MOUNTED
- [ ] FREESTANDING
- [ ] DIRECTORY/ I.D.
- [ ] MENU BOARD
- [ ] BILLBOARD
- [ ] TEMPORARY
- [ ] OTHER

ILLUMINATED SIGNS:
- [ ] NUMBER OF LAMPS
- [ ] WATTAGE
- [ ] NUMBER OF TRANSFORMERS
- [ ] VOLTAGE
- [ ] ELECTRICAL CIRCUITS
- [ ] AMPERAGE

SITE INFORMATION:
- [ ] LOT FRONTAGE (IN LINEAR FEET)
- [ ] TENANT FRONTAGE (IN LINEAR FEET)
- [ ] HEIGHT FROM GRADE 48' TO TOP
- [ ] SIGN LENGTH 3' 9 3/4"
- [ ] SIGN HEIGHT 16' 5 1/2"
- [ ] TOTAL SQUARE FOOTAGE 224

OFFICE USE ONLY: North Wall

FEES:		MILESTONE DATES:	
ESCROW*	$ — .00	Applied on:	4-26-18
APPLICATION	$ — .00	Approved on:	4-30-18
PLAN REVIEW	$ — .00	Issued on:	5-01-18
INSPECTIONS (2 X $45)	$ 90 .00	Expires on:	11-01-18
OTHER	$ — .00		
TOTAL PERMIT FEE	$ 90 .00	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 — SIGN PERMIT APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
PHONE: 630.350.3413 FAX: 630.350.3449
12 S. CENTER STREET
BENSENVILLE, IL 60106

APPLICATION NUMBER 8099

SIGN I.D. NUMBER _____

PERMIT INFORMATION — INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

611 E. GRAND AVE
SITE ADDRESS | UNIT NUMBER | ZONING DISTRICT

HOLIDAY INN EXPRESS
BUSINESS / TENANT NAME | P.I.N. (Permanent Index Number)

[redacted] | [redacted] | 27007/2
TELEPHONE NUMBER | Email Address | ESTIVATED COST

CONTRACTOR INFORMATION

Ken@integritysignCompany.com

INTEGRITY SIGN | 708.478.2700
SIGN INSTALLER | Email Address | Day Time Phone

18770 88TH AVE | MOKENA IL
Address | City, State, & ZIP Code

SAME AS ABOVE | | Day Time Phone
LICENSED ELECTRICAL CONTRACTOR | Email Address

Address | City, State, & ZIP Code

RECEIVED
APR 26 2018
By

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 [redacted] true and accurate.

SONNY SHAH | [redacted] | 4-25-18
Applicant's Name (Print) | Applicant's Signature | Date

777 E. GRAND AVE | BENSENVILLE IL 60106 | [redacted]
Address | City, State, & ZIP Code | Day Time Phone

[redacted]
Applicant's Email Address

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 [redacted] 4-25-18

SSHAH | [redacted] | Date
Property Owner's Name (Print) | Property Owner's Signature

611 E. Grand Ave | Bensenville IL | [redacted]
Address | City, State, & ZIP Code | Day Time Phone

SIGN INFORMATION (PLEASE check all that apply)

TYPE OF SIGN (CHECK ONE):

- ☐ WALL MOUNTED
- ☒ FREESTANDING
- ☐ DIRECTORY/I.D.
- ☐ MENU BOARD
- ☐ BILLBOARD
- ☐ TEMPORARY
- ☐ OTHER _____

ILLUMINATED SIGNS:

- ☐ NUMBER OF LAMPS _____ ☐ WATTAGE _____
- ☐ NUMBER OF TRANSFORMERS _____ ☐ VOLTAGE _____
- ☐ ELECTRICAL CIRCUITS _____ ☐ AMPERAGE _____

SITE INFORMATION:

- ☐ LOT FRONTAGE (IN LINEAR FEET) 8'1" ☐ TENANT FRONTAGE (IN LINEAR FEET) _____
- ☐ HEIGHT FROM GRADE 8'
- ☐ SIGN LENGTH 8'1" ☐ SIGN HEIGHT 8'
- ☐ TOTAL SQUARE FOOTAGE 64

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:
OTHER	$ .00	
TOTAL PERMIT FEE	$ .00	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
Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number: 9363

CHECK ONE: ☐ RESIDENTIAL ☐ MULTI-RESIDENTIAL ☒ NON-RESIDENTIAL

SITE ADDRESS	UNIT No.	P.I.N.	ZONING DISTRICT
311 E. GRAND AVE.			C-2

FENCE INSTALL — DESCRIPTION OF WORK

$5000.00 — ESTIMATED COST

Name of Business on Site (non-residential): HOLIDAY INN EXPRESS

GENERAL CONTRACTOR: KMS INVESTMENTS

ADDRESS: 311 E. GRAND AVE CITY, STATE & ZIP: BENSENVILLE IL

PHONE: [redacted] E-MAIL: [redacted]

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

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is 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 limited to cancellation fees, plan review fees and re-inspection 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
PETER BATNIC	[redacted]	7/25/19

Address	City, State & ZIP	Day Time Phone
137 WALNUT DR.	SUTHERLAND IN 46375	[redacted]

Applicant's Email Address: [redacted]

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, w[redacted]
I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinanc[redacted]

Property Owner's Name (Print)	Property Owner's Signature	Date
SONNY SHAH	[redacted]	7/25/19

Address	City, State & ZIP	Day Time Phone
977 E. GRAND AVE	BENSENVILLE IL	[redacted]

OFFICE USE ONLY

BUILDING INFORMATION

☐ New Construction ☐ Addition
☐ Alteration ☒ Accessory

Storm-water Permit Required: Yes ☐ NO ☒

RECEIVED
JUL 25 2019
By

PAID BY: OWNER

Milestone Dates:

7-25-19 Applied
9-23-19 Approved
9-26-19 Issued
3-26-20 Expires

APPROVED BY:

Fees:

ESCROW $ 180-
APPLICATION $ 100-
PLAN REVIEW $ 27-
INSPECTIONS (2 X ~~$35~~/$45) $ 90-
OTHER $
OTHER $
TOTAL FEES DUE $ 397.00

BENSENVILLE
WHERE OPPORTUNITY TAKES OFF

Acct ID: [redacted] Cust # [redacted] Lic # 5247
Bill # 16708

Application For Business License

Business or Organization's Legal Name: Holiday Inn Express & Suites Bensenville-O'Hare

Business Address: 811 E Grand Avenue Unit/Suite:

City/State/Zip Code: Bensenville, IL 60106

Business Phone: @ 630 475 8181 Email: hiexpressbensenville@gmail.com Fax: 630 475 8186

Billing Address (If Different): Same Unit/Suite:

City/State/Zip Code:

Federal Employer Identification Number (FEIN): [redacted]

Will the Business generate sales tax? ☒ YES ☐ NO If yes, State Sales Tax (IBT) #: [redacted]

BUSINESS OWNERSHIP TYPE AND CONTACT INFORMATION - *Select the option that defines the ownership type*

- ☐ If Sole Proprietorship, list information for the sole owner/operator below:
- ☐ If Partnership, list information for all Managing Partners below (Attach additional sheet if necessary):
- ☒ If Corporation, list information for the President and Chief Financial Officer below:

First Name: P Last Name: SHAH

Address [redacted] City/State/Zip Code [redacted]

Phone [redacted] Email [redacted]

First Name: Last Name:

Address City/State/Zip Code

Phone Email

PROPERTY OWNER INFORMATION AND CONTACT

First Name: Last Name:

Address City/State/Zip Code

Phone Email

LOCAL KEYHOLDER/EMERGENCY CONTACTS (Please list in order of best contact):			
Order	Name	Title	Phone Number
1.	Shah Sonny	Gm	[redacted]
2.	Shah Trna	Acct	[redacted]
3.			

Name of Fire Alarm Company: Fire Pros. Phone:

Is this building sprinkled? ☒ YES ☐ NO Inspection ID: 60563 Lic # 5247

[redacted]

BUSINESS CLASSIFICATION

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

(Check only one)

	Code	Title
☐	11	Agriculture, Forestry, Fishing & Hunting
☐	21	Mining
☐	22	Utilities
☐	23	Construction
☐	31-33	Manufacturing
☐	42	Wholesale Trade
☐	44-45	Retail Trade
☐	48-49	Transportation & Warehousing
☐	51	Information
☐	52	Finance & Insurance
☐	53	Real Estate Rental & Leasing
☐	54	Professional, Scientific & Technical Services
☐	55	Management of Companies & Enterprises
☐	56	Administration, Support, Waste Management, Remediation Services
☐	61	Educational Services
☐	62	Health Care & Social Assistance
☐	71	Arts, Entertainment & Recreation
☒	72	Accommodation & Food Services
☐	81	Other Services
☐	92	Public Administration

Please provide your full 6 digit NAICS code:

_ _ _ _ _ _

If you do not know your NAICS code, please visit www.naics.com for more information.

Brief Description of Business
(Attach Additional Sheet if Necessary)

HOTEL.

BUSINESS DETAILS

Total Square Footage of Business: 57000 SQ.FT.

Date of Occupancy: 5/31/2018

Days of Operation: (check all that apply)

☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☒ Sat. ☒ Sun.

Hours of Operation: 24 HRS.

Number of Employees: 25

Number of Parking Spaces: 170

Is this a multi-tenant building? ☐ Yes ☒ No

Business License Fees

Fee Types	Quantity	Cost	Amount
Total Square Footage:	57,000	See fee schedule attached	$ 500.00
Total Number of Catering Trucks:		@ $100	$
Total Number of Vending Machines:	2	@ $75	$ 150.00
Total Number of Coin Operated Jukeboxes/Video Games:		@$75	$
Over the Counter Tobacco Sales	☐Yes ☒No	@$50	$
		TOTAL	$ 650.00

Statement of Applicant:

Under penalty of perjury, I certify that all of the above statements are true, complete, and accurate.

Print Name: SHAH S.

Signature: [redacted]

Date: 5/31/18

OFFICE USE ONLY			
Department	Approved	Denied	Initials
Zoning	6-15-18 CV		yes.
Inspectional Services			

BENSENVILLE
COMMUNITY & ECONOMIC DEVELOPMENT

Thank you for purchasing your 2021 Business License

Watch for one of our Village Inspectors to visit you soon for your annual inspection.

HOLIDAY INN EXPRESS & SUITES BENSENVILLE
-O'HARE
811 E GRAND AVE
BENSENVILLE, IL 60106

"We are here to help"
---------- Questions? ----------
Call us at 630.350.3413

For your records

VILLAGE OF BENSENVILLE
BUSINESS LICENSE

LICENSE NUMBER
5247

20 **HOLIDAY INN EXPRESS & SUITES BENSENVILLE**
811 GRAND AVE 21

BENSENVILLE
COMMUNITY & ECONOMIC DEVELOPMENT

Village President

Non-Transferable
Expiration date: 12/31/21

Director of Community and Economic Development

DISPLAY IN A PROMINENT LOCATION

VILLAGE OF BENSENVILLE
BUSINESS LICENSE

LICENSE NUMBER
5247

20 **HOLIDAY INN EXPRESS & SUITES BENSENVILLE**
811 GRAND AVE 21

BENSENVILLE
COMMUNITY & ECONOMIC DEVELOPMENT

Village President

Non-Transferable
Expiration date: 12/31/21

Director of Community and Economic Development