



Village of
Elmwood Park

Angelo "Skip" Saviano
Village President
Gina Pesko
Village Clerk
Paul A. Volpe
Village Manager
Michael Durkin
Village Attorney

Trustees
Alan T. Kaminski
Jeff Sargent
Angela Stranges
Anthony Del Santo
Angelo J. Lollino
Jonathan L. Zivojnovic

Ms. Kelley Latting
2001 York Rd. 5th Flr.
Oak Brook, IL 60523
Kelley_Latting@Comcast.com

November 16, 2016

RE: Freedom of Information Act Request

Dear Ms. Latting,

The Village of Elmwood Park is in receipt of your November 07, 2016, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"Please provide the name, phone number, and email address for people that have been granted new business licenses from August 1, 2016 to November 6, 2016. Please provide the corresponding business name and business address as well. Also, please provide the name, phone number and email address for people that have been granted commercial building permits from August 1, 2016 to November 6, 2016. Please provide the corresponding business name and business address as well."

Enclosed are copies of the records you requested. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records being provided.

Section 7 (1)(b) of FOIA provides 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 id number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses." Section 7(1)(c) of FOIA provides that, "personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy is exempt from disclosure. Consequently, birthdates and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, such as the victim's name and identifying information, have been redacted from the records being provided.

In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office.

You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor. You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section II of FOIA.

Should you have any questions, please do not hesitate to contact my office.

Gina Pesko



Village Clerk
Freedom of Information Officer
708-452-3948



Village of
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

Phone: 708-452-7300
Fax: 708-453-8816

Business License No: _____
Date: 6-22-16 Year Ending: _____
Date Paid: 6-22-16 Fee: 75.00
Date Entered: _____ Initials: M

30012

BUSINESS LICENSE APPLICATION

Business License
Non-Inspection License (home occupation, etc.)

Approved / Disapproved
Initials RP 8/1/16

The undersigned hereby applies for a license for: Home Bus.

TRADE NAME OF BUSINESS American Brick, INC

ADDRESS OF BUSINESS: 2930 N. 74th CT BUS PHONE: 773-895-3356

APPLICANT'S FULL NAME: JAROMIR POLA PHONE NO. _____

Address: 2930 N. 74th CT City: ELMWOOD PARK Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: _____

Describe Nature of Operations; In Detail: I'm small masonry contractor (brick, stone, CMU walls). We do small brickwork in Chicago and helping customers to fix masonry issues.

If Restaurant: Seating Capacity: 0 Floor Area: 0 No. of Rooms: 0 Type: _____

List Total Number of Coin Operated Machines: 0 (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: JAROMIR POLA Date of Birth: _____

Title: _____ Social Security No: XX

Home Address: _____ Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant _____ Title: The Owner

Signature of Applicant ✓ _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.



Village of Elmwood Park
 11 Conti Parkway
 Elmwood Park, IL 60707
 Phone: 708-452-7300
 Fax: 708-453-8816

40070

Business License No: _____
 Date: 9/3/16 Year Ending: _____
 Date Paid: 9/3/16 Fee: 75.00
 Date Entered: _____ Initials: JSB

BUSINESS LICENSE APPLICATION

Rev 9-4-16

Approved: JSB Disapproved: _____
 Initials: JSB Date: 9/19/16

Business License
 Non-Inspection License (home occupation, etc.)

The undersigned hereby applies for a license for: Home Bus

TRADE NAME OF BUSINESS: Catherine Kenyon Consulting

ADDRESS OF BUSINESS: 1735 N 76 court BUS PHONE: 512-934-3080

APPLICANT'S FULL NAME: Mary Catherine Kenyon PHONE NO.: _____

Address: 1735 N. 76 court city: Elmwood Park Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: owner

Describe Nature of Operations; In Detail: I consult with clients on the phone, in their homes, or at their place of business on creating their personal style.

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: None (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following information on Partners or Officers Must Be Given:
 Additional pages may be added if necessary.

Name: N/A Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

Name: N/A Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant [Signature] Title: owner
 Signature of Applicant [Signature] Title: _____

All blanks must be completed prior to submittal.
 License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

40065

Phone: 708-452-7300
Fax: 708-453-8816

Business License No: _____
Date: 9-7-16 Year Ending: _____
Date Paid: 9-7-16 Fee: 15.00
Date Entered: 9/7 Initials: [Signature]
M
9/7-16

BUSINESS LICENSE APPLICATION

Business License
Non-Inspection License (home occupation, etc.)

Approved Initials: [Signature] / Disapproved Initials: [Signature]
9/19/16

The undersigned hereby applies for a license for: Gerry Chicago, LLC

TRADE NAME OF BUSINESS: Gerry Chicago, LLC

ADDRESS OF BUSINESS: 7234 W North Ave #1207 BUS PHONE: 312-890-1487

APPLICANT'S FULL NAME: Gerald E Messler PHONE NO.: _____

Address: 7234 W North Ave #1207 City: Elmwood Park Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: Owner

Describe Nature of Operations; In Detail: Internet Retail Sales

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: _____ (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: Gerald E Messler Date of Birth: _____

Title: Owner Social Security No: _____

Home Address: _____ Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant: [Signature] Title: owner

Signature of Applicant: _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

Phone: 708-452-7300

Fax: 708-453-8816

39911

Business License No: _____

Date: 7-13-16 Year Ending: _____

Date Paid: 7-13-16 Fee: 75.00

Date Entered: _____ Initials: [Signature]

7-13-16

BUSINESS LICENSE APPLICATION

Business License
Non-Inspection License (home occupation, etc.)

Approved / Disapproved
Initials: [Signature]

The undersigned hereby applies for a license for: Home BUSINESS

TRADE NAME OF BUSINESS: MHL CARPENTRY INC.

ADDRESS OF BUSINESS: 2636 N 76TH CT BUS PHONE: 708-289-2707

APPLICANT'S FULL NAME: MACIEJ HANDZEL PHONE NO. _____

Address: 2636 N 76TH CT City: ELMWOOD PARK Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: OWNER

Describe Nature of Operations; In Detail: _____

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: _____ (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: MACIEJ HANDZEL Date of Birth: _____

Title: OWNER Social Security No: _____

Home Address: _____ Elmwood Park IL 60707 Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct. :

Signature of Applicant _____ Title: CONSTRUCTION

Signature of Applicant _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

40117

Phone: 708-452-7300
Fax: 708-453-8816

Business License No: _____
Date: _____ Year Ending: _____
Date Paid: 9-9-16 Fee: 75'
Date Entered: _____ Initials: _____

BUSINESS LICENSE APPLICATION

Business License
Non-Inspection License (home occupation, etc.)

Home Business

Approved / Disapproved Initials: [Signature] 9-10-16
[Signature] 10/3/16

The undersigned hereby applies for a license for: NIMBLE FOOTMEN

TRADE NAME OF BUSINESS: NIMBLE FOOTMEN

ADDRESS OF BUSINESS: 2838 N 73 AVE 1ST FL BUS PHONE: 312 446-6746

APPLICANT'S FULL NAME: JOHNNY VAZQUEZ PHONE NO. _____

Address: 2838 N 73 AVE City: ELMWOOD PARK Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: _____

Describe Nature of Operations; In Detail: TECHNOLOGY AND LOGISTIC

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: _____ (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: JOHNNY VAZQUEZ Date of Birth: _____

Title: CEO Social Security No: _____

Home Address: _____ Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant _____ Title: CEO

Signature of Applicant _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

Phone: 708-452-7300 Fax: 708-453-8816

Business License No: _____

Date: 9-1-16 Year Ending: _____

Date Paid: 9-1-16 Fee: 75.00

Date Entered: _____ Initials: [Signature]

#40066

PAID 9-4-16

BUSINESS LICENSE APPLICATION

- Business License []
Non-Inspection License []
(home occupation, etc.)

Approved / Disapproved
Initials [Signature]

The undersigned hereby applies for a license for: Home Business

TRADE NAME OF BUSINESS: Omega Renovation, INC

ADDRESS OF BUSINESS: 7234 N North Ave #806 BUS PHONE: 708 616 6932

APPLICANT'S FULL NAME: Rafal Bonasik #806 PHONE NO. _____

Address: 50 N LAUREL DR City: Somers Point Zip: _____

Social Security No: _____ Tax I.D. No. _____ IBT No: _____

Connection of Applicant with Business: _____

Describe Nature of Operations; In Detail: install siding at the dormers
install gutters, reinstalled roof

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: _____ (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship [] Partnership [] Limited Partnership [] Corporation [X]

Following Information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: X RAFAL BAMASIK Date of Birth: _____

Title: X OWNER Social Security No: _____

Home Address: X 50 N LAUREL DR, SOMERS POINT IL Home Phone: X 708 616 6932

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant _____ Title: _____

Signature of Applicant _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

40116

Phone: 708-452-7300 Fax: 708-453-8816

Business License No: _____

Date: 9-10-16 Year Ending: _____

Date Paid: 9-10-16 Fee: 75.00

Date Entered: _____ Initials: [Signature]

708 9-15-16

BUSINESS LICENSE APPLICATION

Business License Non-Inspection License (home occupation, etc.)

Approved Initials [Signature] Disapproved Initials 10/3/16

The undersigned hereby applies for a license for: "Home Business"

TRADE NAME OF BUSINESS: Simply Organic Inc

ADDRESS OF BUSINESS: 2512 N West Brook Rd BUS PHONE: 888-414-1404

APPLICANT'S FULL NAME: Mohamed Amer PHONE NO. _____

Address: _____ City: Elmwood Park, IL Zip: 60707

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: President

Describe Nature of Operations; In Detail: on line store

If Restaurant: Seating Capacity: _____ Floor Area: _____ No. of Rooms: _____ Type: _____

List Total Number of Coin Operated Machines: 0 (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given: Additional pages may be added if necessary.

Name: Mohamed Amer Date of Birth: _____

Title: President Social Security No: _____

Home Address: Rd Elmwood Park, IL 60707 Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant [Signature] Title: President

Signature of Applicant _____ Title: _____

All blanks must be completed prior to submittal. License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park
 11 Conti Parkway
 Elmwood Park, IL 60707
 Phone: 708-452-7300
 Fax: 708-453-8816

40067

Business License No: _____

Date: _____ Year Ending: _____

Date Paid: 9-16 Fee: 75.00

Date Entered: 9-20-11 Initials: [Signature]

BUSINESS LICENSE APPLICATION

Business License
 Non-Inspection License (home occupation, etc.)

Approved / Disapproved
 Initials [Signature] 9-19-11

The undersigned hereby applies for a license for: Home Business

TRADE NAME OF BUSINESS: Tech Pro Direct inc.

ADDRESS OF BUSINESS: 2417 N. 78th Ave BUS PHONE: 773-977-9435

APPLICANT'S FULL NAME: Flavius Andrew Petcov PHONE NO. _____

Address: 2417 N. 78th Ave City: Elmwood Park Zip: 60707

Social Security No: _____ Tax I.D. No: _____ JT No: _____

Connection of Applicant with Business: owner

Describe Nature of Operations, in Detail: Audio/Visual professional consultant

If Restaurant: Seating Capacity: N/A Floor Area: N/A No. of Rooms: N/A Type: N/A

List Total Number of Coin Operated Machines: N/A (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following Information on Partners or Officers Must Be Given:
 Additional pages may be added if necessary.

Name: Flavius Andrew Petcov Date of Birth: _____

Title: owner Social Security No: _____

Home Address: _____ Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant _____ Title: owner

Signature of Applicant _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of **Elmwood Park**

11 Conti Parkway Elmwood Park, IL 60707

40155 #82

Phone: 708-452-7300
Fax: 708-453-8816

Business License No: _____

Date: 8-29-16 Year Ending: _____

Date Paid: 8-29-16 Fee: 10.00

Date Entered: _____ Initials: [Signature]

BUSINESS LICENSE APPLICATION

Temp Approval
AP
10/10/16
Approved / Disapproved
Initials: *AP 10/10/16*
8-29-16

Business License
Non-Inspection License (home occupation, etc.)

The undersigned hereby applies for a license for: Linda Scaro

TRADE NAME OF BUSINESS: Vito's old Italian

ADDRESS OF BUSINESS: 7308 W. North Ave BUS PHONE: 708. 456-3644

APPLICANT'S FULL NAME: Linda Scaro PHONE NO. _____

Address: _____ City: Melrose Park Zip: 60160

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: owner

Describe Nature of Operations; In Detail: Italian restaurant

If Restaurant: Seating Capacity: 90 Floor Area: 3,000 sq No. of Rooms: 3 Type: _____

List Total Number of Coin Operated Machines: None (Separate licenses must be obtained for any coin operated machines)

Type(s): _____

Complete this Section (Please Check one) Proprietorship Partnership Limited Partnership Corporation

Following information on Partners or Officers Must Be Given:
Additional pages may be added if necessary.

Name: Linda Scaro Date of Birth: _____

Title: President - Sole Owner Social Security No: _____

Home Address: _____ IL Home Phone: _____

Name: _____ Date of Birth: _____

Title: _____ Social Security No: _____

Home Address: _____ Home Phone: _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant: [Signature] Title: President

Signature of Applicant: _____ Title: _____

All blanks must be completed prior to submittal.
License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy

ELECTRICAL PERMIT APPLICATION 039730
VILLAGE OF ELMWOOD PARK
 452-7300

Date 8/13/2016 Electrical Permit No. 16-204

Building Permit No. 161488

Location 7230 W. North Avenue Suite 208 (Stella's)

Owner or User 1

Phone No. 708-336-0971

** New Fire Alarm System*

TYPE OF BUILDING <u>Commercial</u>	ESTIMATED COST <u>\$4,259⁰⁰</u>
CONTRACTOR <u>Chicago Metropolitan Fire Prevention</u>	
ADDRESS <u>820 N. Addison Ave. Elmhurst IL 60126</u>	
TELEPHONE <u>630-833-1110</u>	PLACE OF REGISTRATION & NO. <u>IL License # 127.000155</u>

SERVICE

METER DISCONNECT REQUIRED

NO. OF METERS	AMPS	PHASE	FEE

CIRCUITS AND OUTLETS

SIZE	110V	240V	3 PHASE	FEE
15 AMP CIRCUIT				
20 AMP CIRCUIT				
30 AMP CIRCUIT				
40 AMP CIRCUIT	PAID			
50 AMP CIRCUIT	SEP 02 2016			
60 AMP CIRCUIT	VILLAGE OF ELMWOOD PARK			

Main Breakers Required In All panels

INDEX NO.	TOTAL FEE <u>100.00</u>
INSPECTOR	
ROUGH O.K.	
FINAL O.K.	
DATE TO COM ED	

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Authorized Representative Making Application _____ Signature of Permit Clerk _____

PLUMBING PERMIT APPLICATION

VILLAGE OF ELMWOOD PARK

452-7300

Date 08.30.16 Permit No. 141565

Location 7230 NORTH AVE SUITE 208

Owner or User STELLA'S Phone No. 630.833.1110 x111

TYPE OF BUILDING		VALUATION <u>3600-</u>	
CONTRACTOR <u>CHICAGO METROPOLITAN FIRE PREV.</u>		ADDRESS <u>820 N. MADISON</u>	
CITY <u>ELMHURST</u>	ZIP CODE <u>60126</u>		
BOND NUMBER	LICENSE NUMBER <u>0242</u>	TELEPHONE <u>630.833.1110</u>	

FIXTURES	NO.	FEE	FIXTURES	NO.	FEE
BATHTUB(S)			BACK FLOW PREV.		
BOILER(S)			DRAIN TILE		
DISHWASHER			EJECTOR		
FLOOR DRAINS			FIRE PUMP		
FOUNTAINS			LAWN SPRINKLER		
GREASE TRAPS			SUMPS		
LAUNDRY TRAY			TRIPLE BASIN		
LAVATORIES			WATER COOLED AIR CONDITIONING		
SHOWER					
SINKS			<u>FIRE SPRINKLER</u>	<u>13</u>	
TOILET(S)					
URINAL					
WATER HEATER					
			SUB-TOTAL:		

SERVICE TAPS	
	SIZE
SEWER CON.	
WATER METER	
WATER TAP	
STREET OR SIDEWALK OPENING DEPOSIT	
PROCESS PIPING	
WATER FOR CONSTRUCTION/ HYDRANT FEE	
FOR NEW CONSTRUCTION, OLD WATER SERVICE MUST BE DISCONNECTED	

FLOOD CONTROL:

LIFT STATION

OVERHEAD SEWERS

BACK WATER VALVE

OTHER

INDEX NO. 12-

INSPECTION	TOTAL FEE <u>\$ 80.00</u>
ROUGH OK	
FINAL OK	
START	

CONTRACTOR'S SIGNATURE _____ APPROVED BY _____

AL _____ REPRESENTATIVE # _____

PLUMBING PERMIT APPLICATION

VILLAGE OF ELMWOOD PARK

452-7300

Date 6/29/16 Permit No. 161170
 Location 7444 W. NORTH AVE, ELMWOOD PARK
 Owner or User _____ Phone No. _____

TYPE OF BUILDING <u>Commercial</u>			VALUATION <u>4000</u>		
CONTRACTOR <u>ARMAND PLUMBING & HVAC</u>			ADDRESS <u>6230 N. KERR</u>		
CITY <u>CHICAGO</u>		ZIP CODE <u>60646</u>			
BOND NUMBER		LICENSE NUMBER <u>0955-042974</u>		TELEPHONE <u>773-541-0968</u>	
FIXTURES	NO.	FEE	FIXTURES	NO.	FEE
BATHTUB(S)			BACK FLOW PREV.		
BOILER(S)			DRAIN TILE		
DISHWASHER			EJECTOR		
FLOOR DRAINS	<u>2</u>	<u>20.00</u>	FIRE PUMP		
FOUNTAINS			LAWN SPRINKLER		
GREASE TRAPS	<u>1</u>	<u>10.00</u>	SUMPS		
LAUNDRY TRAY			TRIPLE BASIN		
LAVATORIES			WATER COOLED AIR CONDITIONING		
SHOWER					
SINKS	<u>1</u>	<u>10.00</u>			
TOILET(S)					
URINAL					
WATER HEATER					
			SUB-TOTAL:		<u>50.00</u>
SERVICE TAPS					
			SIZE	FEE	
SEWER CON.				PAID SEP 21 2016 VILLAGE OF ELMWOOD PARK	
WATER METER					
WATER TAP					
STREET OR SIDEWALK OPENING DEPOSIT					
PROCESS PIPING					
WATER FOR CONSTRUCTION/ HYDRANT FEE					
FOR NEW CONSTRUCTION, OLD WATER SERVICE MUST BE DISCONNECTED					
FLOOD CONTROL:		LIFT STATION	<input type="checkbox"/>		
		OVERHEAD SEWERS	<input type="checkbox"/>		
		BACK WATER VALVE	<input type="checkbox"/>		
		OTHER	<input type="checkbox"/>		
INDEX NO. 12-					
INSPECTION			TOTAL FEE <u>90.00</u>		
ROUGH OK					
FINAL OK					
START					

CONTRACTOR'S SIGNATURE
 AUTHORIZED REPRESENTATIVE

APPROVED BY

06-28-16

ELECTRICAL PERMIT APPLICATION
VILLAGE OF ELMWOOD PARK
 452-7300

Date 7/6/16 Electrical Permit No. 16-219
 Building Permit No. 161171
 Location 444 W. NORTH AVE, ELMWOOD PARK
 Owner or User _____
 Phone No. 690-561-5768

TYPE OF BUILDING <u>Commercial</u>	ESTIMATED COST <u>X 38,096.-</u>
CONTRACTOR <u>TOJI ENGINEERING, Tom</u>	
ADDRESS <u>1847 TECHNYS COURT</u>	CITY <u>NORTHBROOK</u>
TELEPHONE I <u>690-561-5768</u>	PLACE OF REGISTRATION & NO.

SERVICE

METER DISCONNECT REQUIRED

NO. OF METERS	AMPS	PHASE	FEE
		PAID	
	<u>N.K.</u>	SEP 21 2016	
		VILLAGE OF ELMWOOD PARK	

CIRCUITS AND OUTLETS

SIZE	110V	240V	3 PHASE	FEE
15 AMP CIRCUIT				
20 AMP CIRCUIT	<u>4</u>			<u>32.00</u>
30 AMP CIRCUIT				
40 AMP CIRCUIT				
50 AMP CIRCUIT		<u>2</u>		<u>240.00</u>
60 AMP CIRCUIT				

Main Breakers Required In All panels

INDEX NO.	TOTAL FEE <u>272.00</u>
INSPECTOR	
ROUGH O.K.	
FINAL O.K.	
DATE TO COM ED	

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Authorized Representative Making Application _____ Signature of Permit Clerk _____

MECHANICAL PERMIT APPLICATION

VILLAGE OF ELMWOOD PARK

(708) 452-7300

DATE 7/16/16

PERMIT NUMBER 161172

CONTRACTOR'S LICENSE NO. _____ BLDG. PERMIT NO. _____

LOCATION 7444 W. NORTH AVE

OWNER _____ PHONE # 630-961-5768

KIND OF BUILDING COMMERCIAL USED AS RESTAURANT

TO BE COMPLETED ABOUT RTU'S ESTIMATED COST \$ 280,000

NEW — **ALTERATION** — REPAIR — ADDITION (Circle One)

OIL GAS LPG ELECT.

TYPE OF EQUIPMENT	NUMBER	FEE
Air Cond. Units—H.P. Ea.		
Refrigeration Units—H.P. Ea.		
Boilers—H.P. Ea.		
Forced Air Systems—B.T.U. M Ea.		
Gravity Systems—B.T.U. M Ea.		
Floor Furnaces—B.T.U. M		
Wall Heaters—B.T.U. M		
Unit Heaters—B.T.U. M		
Conversion Burner		
Clothes Dryers		
Ventilation Fan		
Range Hood		
Air Handling <u>1000 EACH</u> C.F.M.	<u>2</u>	
Incinerator		
Gas Piping	<u>2</u>	
Range COM. <input type="checkbox"/> DOM. <input type="checkbox"/>		

PAID
SEP 21 2016
VILLAGE OF ELMWOOD PARK

INSPECTOR _____
ROUGH O.K. _____
FINAL O.K. _____

TOTAL FEE 840.00

CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER
TOM OF TOJI ENGINEERING, 1874 TECHNICAL CT.,
CITY NORTHROCK STATE IL ZIP CODE 60062

READY FOR INSPECTION ON _____ OR WILL CONTACT PERMIT CLERK LATER

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Authorized Representative Making Application _____ Signature of Permit Clerk _____

8/16/16
205

PERMIT No. 161467

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No 7455 W. Grand DATE: 8-17-16

Job Location: House No. 7429 Street W Grand Ave

Owner of Property: Byline Bank Address 3659 N Broadway Phone 773-843-7822

Work To Be Done: Re Surface Parking Lot Chicago

Single Residence or Commercial Building Construction Outside Walls: Frame Brick

Garage Size: — Frame Brick Style of Roof: — Lot Size: —

Fence: Type — Height — Pool: Type & Size PAID Gal. Cap.

TOTAL VALUATION OF WORK \$ \$29,728.00 AUG 19 2016
(Exclude: HVAC, Plumbing and Electrical Cost)

VILLAGE OF ELMWOOD PARK

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"
GENERAL CONTRACTOR Sanchez Paving Company, Inc 16309 S Crawford Martham, IL
708-333-1300 60428

CARPENTER _____
CEMENT CONTRACTOR _____

ELECTRICIAN _____

EXCAVATOR _____
FENCE INSTALLER _____

H.V.A.C. _____
MASON CONTRACTOR _____

PLUMBER _____

ROOFER _____
ROOFER'S STATE LICENSE NO. _____

Demolition: Yes No Contractor: _____ Address _____ Phone _____

Dumpster: Yes No Company: _____ Address _____ Phone _____

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: _____
Project Manager
Print Name & Title

See Plan Review _____
26152

Office Use Only

PERMIT NO. 161467

INDEX NO. 12-25-429-004-05-06-07-0809-01
014

ISSUED BY: _____

ZONING: _____
(If R-1, Covenant to be filed.)

DATE: 8-17-16

COVENANT FILED: Yes No

PERMIT FEE: \$340.00

LICENSE: _____
BOND: _____
INSURANCE: _____

PLANS SUBMITTED: _____

PLAT OF SURVEY: _____

Date Received 8/17/16
(REV. 6/02)

copy of original plat survey 6/28/16

PERMIT No. 161108

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No DATE: 27 JUNE 2016

Job Location: House No. 1700-1744 Street N. HARLEM

Owner of Property: ELMWOOD COMMONS, LLC Address 420 CUBOTON PL Phone 708.771.7608

Work To Be Done: ASPHALT REMOVAL & REPLACEMENT

Single Residence or RETAIL Building Construction Outside Walls: Frame Brick

Garage Size: N/A Frame Brick Style of Roof: Lot Size:

Fence: Type Height Pool: Type & Size Gal. Cap.

TOTAL VALUATION OF WORK \$ 29,515 (Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits. Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following: Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR

CARPENTER
CEMENT/ASPHALT CONTRACTOR J&R 1ST IN ASPHALT, Inc.

ELECTRICIAN 7659 W. 98th ST

EXCAVATOR HICKORY HILLS, IL 60157

FENCE INSTALLER 708 599. 7803

H.V.A.C. MASON CONTRACTOR

PLUMBER

ROOFER
ROOFER'S STATE LICENSE NO.

Demolition: Yes No Contractor: Address Phone

Dumpster: Yes No Company: Address Phone

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: DREW KRISCO - BEAN REALTY LLC AS AGENT FOR ELMWOOD COMMONS LLC

See Plan Review

10534

Office Use Only

PERMIT NO. 161108 INDEX NO.

ISSUED BY: ZONING: (If R-1, Covenant to be filed.)

DATE: 6-27-16 COVENANT FILED: Yes No

PERMIT FEE: \$340.00 LICENSE:

PLANS SUBMITTED: BOND:

PLAT OF SURVEY: INSURANCE:

RECEIVED JUN 27 2016 Date Received by (REV. 6/02)

2148

MECHANICAL PERMIT APPLICATION

VILLAGE OF ELMWOOD PARK

(708) 452-7300

DATE 8/12/16
PERMIT NUMBER 161417

CONTRACTOR'S LICENSE NO. _____ BLDG. PERMIT NO. _____

LOCATION 36 W. Conti Parkway

OWNER _____ PHONE # _____

KIND OF BUILDING Daycare USED AS Daycare

TO BE COMPLETED ABOUT 8/16/16 ESTIMATED COST \$ 6500.00

NEW — ALTERATION — REPAIR — ADDITION (Circle One)
OIL GAS LPG ELECT.

TYPE OF EQUIPMENT	NUMBER	FEE
Air Cond. Units—H.P. Ea.	1	
Refrigeration Units—H.P. Ea.		
Boilers—H.P. Ea.		
Forced Air Systems—B.T.U. M Ea.		
Gravity Systems—B.T.U. M Ea.		
Floor Furnaces—B.T.U. M		
Wall Heaters—B.T.U. M		
Unit Heaters—B.T.U. M		
Conversion Burner		
Clothes Dryers		
Ventilation Fan		
Range Hood		
Air Handling C.F.M.		
Incinerator		
Gas Piping		
Range COM. <input type="checkbox"/> DOM. <input type="checkbox"/>		

PAID
AUG 12 2016
VILLAGE OF ELMWOOD PARK

INSPECTOR _____
ROUGH O.K. _____
FINAL O.K. _____

TOTAL FEE 110.00

CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER
Extreme Heating And Cooling 708 932-23
CITY Brookfield STATE IL ZIP CODE 60513

READY FOR INSPECTION ON _____ OR WILL CONTACT PERMIT CLERK LATER A.B.

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED

Signature of Contractor or his Authorized Representative Making Application _____
Signature of _____

Construction Permit No. 161417

This permit does not allow the use of Parkway or Street for any purposes. A Special Permit must be procured from the Building Commissioner. All debris must be removed by contractor or property owner.



Village of
Elmwood Park

By Authority of the Village of Elmwood Park

Issue Date: 08/12/2016

To **PICKET FENCE DAYCARE/LEARNING**, Owner.
Permission is hereby given , Contractor, to construct at Index No. **12-25-314-021-** . The work to be performed is **Hvac/a/c unit** and is subject to all Ordinances of the Village of Elmwood Park.
House No. **36 CONTI PKWY.** Phone No.

Permit Fee: \$110.00

Valuation: \$6,500.00

This permit is revocable if there is any Deviation whatsoever from the Plans as Filed originally, unless written permission is given by the Code Administration Department for such Deviation.

PERMIT No. 161901

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No

DATE: 10-26-16

Job Location: House No. 2010 Street HARLEM

Owner of Property: GILIS. MEDICAL Address SAME Phone 4521111

Work To Be Done: REPAIR ROOF, REPAINT AND REPLACE GUTTER

Single Residence or BUSINESS Building Construction Outside Walls: Frame Brick

Garage Size: _____ Frame Brick Style of Roof: _____ Lot Size: _____

Fence: Type _____ Height _____ Pool: Type & Size _____ Gal. Cap. _____

TOTAL VALUATION OF WORK \$ 3250
(Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR _____

CARPENTER _____

CEMENT CONTRACTOR _____

ELECTRICIAN _____

EXCAVATOR _____

FENCE INSTALLER _____

H.V.A.C. _____

MASON CONTRACTOR _____

PLUMBER _____

ROOFER KSR INC, 927 S. BRAINTRREE DR, SCHAUMBURG, 8478453506

ROOFER'S STATE LICENSE NO. 104-016440

Demolition: Yes No Contractor: _____ Address _____ Phone _____

Dumpster: Yes No Company: _____ Address _____ Phone _____

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Herby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: Mitch Kaiser
Print Name & Title MITCH KAISER / OWNER

See Plan Review _____

Office Use Only

PERMIT NO. 161901

INDEX NO. _____

ISSUED BY: _____

ZONING: _____
(If R-1, Covenant to be filed.)

DATE: _____

COVENANT FILED: Yes No

PERMIT FEE: 80.00

LICENSE: _____

PLANS SUBMITTED: _____

BOND: _____

PLAT OF SURVEY: _____

INSURANCE: _____

Date Received 10, 26, 16 GD

Content 10/28/16

PERMIT No. 161942

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No

DATE: 10-28-16

Job Location: House No. 2900 Street N1 Harlem Ave Elmwood Park IL

Owner of Property: Address 2 S Greenwood Phone 773-546-8063

Work To Be Done: Replace damage window of a store front

Single Residence or Commercial Building Construction Outside Walls: Frame Brick

Garage Size: Frame Brick Style of Roof: Lot Size:

Fence: Type Height Pool: Type & Size Gat. Cap.

TOTAL VALUATION OF WORK \$ 9,700.00
(Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR

CARPENTER: Shiu Food Inc Self

CEMENT CONTRACTOR

ELECTRICIAN

EXCAVATOR

FENCE INSTALLER

H.V.A.C.

MASON CONTRACTOR

PLUMBER

ROOFER

ROOFER'S STATE LICENSE NO.

Demolition: Yes No Contractor: Address: Phone:

Dumpster: Yes No Company: Con dumpster Address: Phone:

PAID

OCT 31 2016

VILLAGE OF ELMWOOD PARK

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: Owner
Print Name & Title

See Plan Review

5383

Office Use Only

PERMIT NO. 161942

INDEX NO.

ISSUED BY:

ZONING: (If R-1, Covenant to be filed.)

DATE: 10-28-16

COVENANT FILED: Yes No

PERMIT FEE: \$ 90.00

LICENSE:

PLANS SUBMITTED:

BOND:

PLAT OF SURVEY:

INSURANCE:

Date Received 10/28/16

Construction Permit No. 161942

This permit does not allow the use of Parkway or Street for any purposes. A Special Permit must be procured from the Building Commissioner. All debris must be removed by contractor or property owner.



Village of
Elmwood Park

By Authority of the Village of Elmwood Park

Issue Date: 10/28/2016

To **CIGARETTE PEOPLE**, Owner. Permission is hereby given **Self**, Contractor, to construct at Index No. **12-25-223-025-0000**. The work to be performed is **Window(s)** and is subject to all Ordinances of the Village of Elmwood Park. House No. **2900 HARLEM AVE**. Phone No. 0004532433

Permit Fee: \$90.00

Valuation: \$4,700.00

This permit is revocable if there is any Deviation whatsoever from the Plans as Filed originally, unless written permission is given by the Code Administration Department for such Deviation.

101107 survey

PAID

PERMIT No. 161669

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDAY CONSTRUCTION

VILLAGE OF ELMWOOD PARK

DATE: 9-17-16

Dog: Yes No

Job Location: House No. 2012 Street North Harbor

Owner of Property: Address 2012 N. Harbor Phone

Work To Be Done: Repair concrete in back of building

Single Residence or Building Construction Outside Walls: Frame Brick

Garage Size: Frame Brick Style of Roof: Lot Size:

Fence: Type Height Pool: Type & Size Gal. Cap.

TOTAL VALUATION OF WORK \$ 1500
(Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR (Self)

CARPENTER
CEMENT CONTRACTOR Repair concrete entrance in back of building

ELECTRICIAN

EXCAVATOR

FENCE INSTALLER

H.V.A.C.

MASON CONTRACTOR

PLUMBER

ROOFER

ROOFER'S STATE LICENSE NO.

Demolition: Yes No Contractor: Address Phone

Dumpster: Yes No Company: Address Phone

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information

I WILL ABIDE BY VILLAGE CODES. Signed: [Signature]
Print Name & Title

See Plan Review

Office Use Only

PERMIT NO. 161669 INDEX NO.

ISSUED BY: ZONING: (If R-1, Covenant to be filed.)

DATE: 9-21-16 COVENANT FILED: Yes No

PERMIT FEE: LICENSE:

PLANS SUBMITTED: PAID BOND:

PLAT OF SURVEY: SEP 17 2016 SURANCE:

VILLAGE OF ELMWOOD PARK

Date Received 9/17/16
(REV. 6/02)

Construction Permit No. 161669

This permit does not allow the use of Parkway or Street for any purposes. A Special Permit must be procured from the Building Commissioner. All debris must be removed by contractor or property owner.



Village of
Elmwood Park

By Authority of the Village of Elmwood Park

Issue Date: 09/21/2016

To **NATIONAL AUTO GLASS**, Owner. Permission is hereby given **Self**, Contractor, to construct at Index No. **12-36-231-054- .** The work to be performed is **Concrete Work** and is subject to all Ordinances of the Village of Elmwood Park. House No. **2012 HARLEM AVE.** Phone No. 7084525409

Permit Fee: \$60.00

Valuation: \$1,500.00

This permit is revocable if there is any Deviation whatsoever from the Plans as Filed originally, unless written permission is given by the Code Administration Department for such Deviation.

9/29/16
C-15

Lo-Lo's Sub Shop

PERMIT No. 161733

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No DATE: 9/28/16

Job Location: House No. 7505 Street W. Diversey Ave

Owner of Property: address 7505 W. Diversey Ave Phone 312-907-8909

Work To Be Done: 1 lintel replacement over a window on left elevation.

Single Residence or Building Construction Outside Walls: Frame Brick

Garage Size: Frame Brick Style of Roof: Lot Size:

Fence: Type Height Pool: Type & Size Gal. Cap.

TOTAL VALUATION OF WORK \$ 1,800.00
(Exclude: HVAC, Plumbing and Electrical Cost)

PAID
OCT 03 2016

IMPORTANT: Each Contractor must obtain separate permits. Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR MARK'S TUCKPOINTING & REMODELING
6402 N. Raven St. Chicago, IL 60631 773-774-0444

- CARPENTER
- CEMENT CONTRACTOR
- ELECTRICIAN
- EXCAVATOR
- FENCE INSTALLER
- H.V.A.C.
- MASON CONTRACTOR
- PLUMBER
- ROOFER
- ROOFER'S STATE LICENSE NO.

Demolition: Yes No Contractor: Address: Phone:
Dumpster: Yes No Company: Address: Phone:

Plans and Plat of Survey to be Submitted with this Application.
DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information

I WILL ABIDE BY VILLAGE CODES. Signed: PIOTR MIKLASIEWICZ (Project manager)

See Plan Review 3365/ [Signature]

Office Use Only

PERMIT NO. 161733 INDEX NO. _____

ISSUED BY: _____ ZONING: _____
(If R-1, Covenant to be filed.)

DATE: 9-28-16 COVENANT FILED: Yes No

PERMIT FEE: \$6000 LICENSE: _____

PLANS SUBMITTED: _____ BOND: _____

PLAT OF SURVEY: _____ INSURANCE: _____

Date Received 9-28-16 (REV. 6/02)

10/25/16
Job

PERMIT No. 161905

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No
Foremost Plastics DATE: 10/18/16

Job Location: House No. _____ Street 7834 W. Grand Ave.

Owner of Property: Foremost Plastics Address 7834 W. Grand Ave. Phone 708-452-5300

Work To Be Done: Full replacement of roof on East side of building

Single Residence or Commercial Building Construction Outside Walls: Frame Brick

Garage Size: _____ Frame Brick Style of Roof: TPO Lot Size: _____

Fence: Type _____ Height _____ Pool: Type & Size PAID Gal. Cap. _____

TOTAL VALUATION OF WORK \$ 83,494 OCT 27 2018
(Exclude: HVAC, Plumbing and Electrical Cost) VILLAGE OF ELMWOOD PARK

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR _____

CARPENTER _____

CEMENT CONTRACTOR _____

ELECTRICIAN _____

EXCAVATOR _____

FENCE INSTALLER _____

H.V.A.C. _____

MASON CONTRACTOR _____

PLUMBER _____

ROOFER Roofing Solutions LLC 7777 W. 96th Place Hickory Hills, IL 60457 708-430-

ROOFERS STATE LICENSE NO. 104.015131

Demolition: Yes No Contractor: _____ Address _____ Phone _____

Dumpster: Yes No Company: Lakeshore Recycling Address 6132 Oakton St, IL Phone 773-685-8811

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: _____
_____ Casey Leslie, Vice President
Print Name & Title

See Plan Review _____ 6905

Office Use Only

PERMIT NO. 161905 INDEX NO. _____

ISSUED BY: _____ ZONING: _____
(If R-1, Covenant to be filed.)

DATE: 10-24-16 COVENANT FILED: Yes No

PERMIT FEE: \$880.00 LICENSE: _____

PLANS SUBMITTED: _____ BOND: _____

PLAT OF SURVEY: _____ INSURANCE: _____

Date Received 10 24 16
(REV. 8/02)

Construction Permit No. 161905

This permit does not allow the use of Parkway or Street for any purposes. A Special Permit must be procured from the Building Commissioner. All debris must be removed by contractor or property owner.



Village of
Elmwood Park

By Authority of the Village of Elmwood Park

Issue Date: 10/24/2016

PAID
OCT 27 2016
VILLAGE OF ELMWOOD PARK

To **FOREMOST PLASTICS**, Owner. Permission is hereby given **Roofing Solutions LLC.**, Contractor, to construct at Index No. **12-25-316-116-126**. The work to be performed is **Reroof/TO/Commer** and is subject to all Ordinances of the Village of Elmwood Park. House No. **7834 GRAND**. Phone No. 0004525300

Permit Fee: \$880.00

Valuation: \$83,494.00

This permit is revocable if there is any Deviation whatsoever from the Plans as Filed originally, unless written permission is given by the Code Administration Department for such Deviation.

4/22/16
COB
4/16/16
COB

PERMIT No. 160531

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No

HAPPY DAY CHILD CARE DATE: 4-18-16

Job Location: House No. 7801 Street GRAND

Owner of Property: _____ Address same Phone 708 3701005

Work To Be Done: FLAT ROOF T.O and reroof with M.D system and tapered insulation, new gutters

Single Residence or commercial Building Construction Outside Walls: Frame Brick

Garage Size: _____ Frame Brick Style of Roof: _____ Lot Size: _____

Fence: Type _____ Height _____ Pool: Type & Size _____ Cap. _____

TOTAL VALUATION OF WORK \$ 24,700
(Exclude: HVAC, Plumbing and Electrical Cost)

PAID
SER 13 2015
VILLAGE OF ELMWOOD PARK

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR _____

CARPENTER _____

CEMENT CONTRACTOR _____

ELECTRICIAN _____

EXCAVATOR _____

FENCE INSTALLER _____

H.V.A.C. _____

MASON CONTRACTOR _____

PLUMBER _____

ROOFER LAKE POINT ROOFING 9507 OGDEN BROADWAY IL 60513 708 485890

ROOFER'S STATE LICENSE NO. _____

Demolition: Yes No Contractor: _____ Address _____ Phone _____

Dumpster: Yes No Company: _____ Address _____ Phone _____

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY

ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: Dariusz Wojcik - contractor
Print Name & Title

See Plan Review _____

6869

Office Use Only

PERMIT NO. 160531

INDEX NO. _____

ISSUED BY: _____

ZONING: _____
(If R-1, Covenant to be filled.)

DATE: 4-16-16

COVENANT FILED: Yes No

PERMIT FEE: 290.00

LICENSE: _____

PLANS SUBMITTED: _____

BOND: _____

PLAT OF SURVEY: _____

INSURANCE: _____

RECEIVED
APR 18 2016
1091
Date Received
REV. 8/08

⓪

Construction Permit No. 160531

This permit does not allow the use of Parkway or Street for any purposes. A Special Permit must be procured from the Building Commissioner. All debris must be removed by contractor or property owner.



Village of
Elmwood Park

By Authority of the Village of Elmwood Park

Issue Date: 04/21/2016

PAID
SEP 13 2016
VILLAGE OF ELMWOOD PARK

To **HAPPY DAY CTR.**, Owner. Permission is hereby given **Lake Point Roofing**, Contractor, to construct at Index No. **12-25-322-008-**. The work to be performed is **Reroof/TO/Commer** and is subject to all Ordinances of the Village of Elmwood Park.
House No. **7801 GRAND**. Phone No. 0004527666

Permit Fee: **\$290.00**

Valuation: **\$24,700.00**

This permit is revocable if there is any Deviation whatsoever from the Plans as Filed originally, unless written permission is given by the Code Administration Department for such Deviation.

of signed Contract

PERMIT No. 161861

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No Johnson Tool DATE: 10/17/2016
Job Location: House No. 7943 Street W. GRAND Anthony
Owner of Property: 7943 GRAND LLC. Address _____ Phone 630.918.9078
Work To Be Done: REPLACE EXISTING ROOF

Single Residence or _____ Building Construction Outside Walls: Frame Brick
Garage Size: _____ Frame Brick Style of Roof: FLAT Lot Size: _____
Fence: Type _____ Height _____ Pool: Type & Size _____ Gal. Cap. _____

TOTAL VALUATION OF WORK \$ 24,200.00
(Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"
GENERAL CONTRACTOR: PROGRESS BUILDERS INC. 1420 Renaissance Dr. Ste 60008
847-430-4318
CARPENTER _____
CEMENT CONTRACTOR _____
ELECTRICIAN _____
EXCAVATOR _____
FENCE INSTALLER _____
H.V.A.C. _____
MASON CONTRACTOR _____

PAID
OCT 18 2016
VILLAGE OF ELMWOOD PARK

PLUMBER _____
ROOFER: MJD CONSTRUCTION INC. 1445 River Dr. Glen Ellyn 60137
ROOFER'S STATE LICENSE NO. 104.014447

Demolition: Yes No Contractor: _____ Address _____ Phone 630-399-0375
Dumpster: Yes No Company: _____ Address _____ Phone _____

Plans and Plat of Survey to be Submitted with this Application.
DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information

I WILL ABIDE BY VILLAGE CODES. Signed: Village Film Personnel
Print Name & Title

See Plan Review

Office Use Only

PERMIT NO. 161861 INDEX NO. _____
ISSUED BY: _____ ZONING: _____
DATE: 10-18-16 (If R-1, Covenant to be filed.)
PERMIT FEE: 290.00 COVENANT FILED: Yes No
PLANS SUBMITTED: _____ LICENSE: _____
PLAT OF SURVEY: _____ BOND: _____
INSURANCE: _____ } ok

Date Received 10.18.16 GD
(REV. 6/02)

PERMIT No. 161574

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No

DATE: 9-1-16

Job Location: House No. 7428-30 Street GRAND AVENUE

Owner of Property: [Signature] Address SAME Phone 3124034260

Work To Be Done: TEAROFF AND REEROOF APARTMENT BUILDING
AND INSTALL ALUMINUM FASCIA ON GABLE ENDS

Single Residence or APARTMENT/COMMERCIAL Building Construction Outside Walls: Frame Brick

Garage Size: _____ Frame Brick Style of Roof: _____ Lot Size: _____

Fence: Type _____ Height _____ Pool: Type & Size _____ Gal. Cap. _____

TOTAL VALUATION OF WORK \$ 13,500
(Exclude: HVAC, Plumbing and Electrical Cost)

IMPORTANT: Each Contractor must obtain separate permits.
Please furnish complete name, address, city, state and zip, area code and phone no. for each of the following:

Homeowner was provided with copy of "Home Repair: Know Your Consumer Rights"

GENERAL CONTRACTOR _____

CARPENTER _____

CEMENT CONTRACTOR _____

ELECTRICIAN _____

EXCAVATOR _____

FENCE INSTALLER _____

H.V.A.C. _____

MASON CONTRACTOR _____

PLUMBER _____

ROOFER KSR INC, 927 S. BRAintree DRIVE, SCHAMBERG, 847-845-3506

ROOFER'S STATE LICENSE NO. 104-016440

Demolition: Yes No Contractor: _____ Address _____ Phone _____

Dumpster: Yes No Company: D+P Address Melrose Park Phone 7737149330

PAID
SEP 01 2016
VILLAGE OF ELMWOOD PARK

Plans and Plat of Survey to be Submitted with this Application.

DO NOT START WORK UNTIL PERMIT IS ISSUED. NO CONSTRUCTION ALLOWED ON SATURDAY or SUNDAY
ALL SURFACE WATER AND DOWNSPOUTS SHALL DRAIN TO CENTER OF EITHER FRONT OR REAR YARD OF THE RESIDENCE. (Ordinance Section 43-17.) ALL CONTRACTORS MUST BE LICENSED AND INSURED WITH THE VILLAGE OF ELMWOOD PARK. (Ordinance Section 29-8A.)

This Application Hereby Certifies to the Correctness of the Above Information.

I WILL ABIDE BY VILLAGE CODES. Signed: _____
Print Name & Title MITCH KAISER / owner

See Plan Review _____

11042

Office Use Only

PERMIT NO. 161574

ISSUED BY: _____

DATE: _____

PERMIT FEE: \$ 180.00

PLANS SUBMITTED: _____

PLAT OF SURVEY: _____

INDEX NO. _____

ZONING: _____
(If R-1, Covenant to be filed.)

COVENANT FILED: Yes No

LICENSE: _____

BOND: _____

INSURANCE: _____

Date Received 9.1.16
(REV. 8/02)