



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

Mr. John Chioros
707 Autumn Dr.
Roselle, Il 630-246-0416

June 12, 2015

RE: Freedom of Information Act Request

Dear Mr. Chioros,

The Village of Elmwood Park is in receipt of your June 11, 2015, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"7937 Elmgrove, requesting information (names, telephone unumbers) of plumbers, hvac, electrical, framing contractors.."

Enclosed are copies of records responsive to your FOIA request. 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."

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

Gina Pesko

Village Clerk
Freedom of Information Officer
708-452-3948

Copies of Signed Contracts

Copy of Signed Contracts

PERMIT No. 150209

4/24/15
C.O.J.

VILLAGE OF ELMWOOD PARK
BUILDING PERMIT APPLICATION FOR SUNDRY CONSTRUCTION

Dog: Yes No

DATE: 4/23/15

Job Location: House No. 7937 Street ELMGROVE

Owner of Property: _____ Address 7841 OAKLEAF Phone _____

Work To Be Done: ~~RENO~~ INTERIOR REMODEL PER PLAN + ~~NEW GARAGE~~

SECOND FLOOR DORMER ADDITION

Single Residence or _____ Building Construction Outside Walls: Frame Brick

Garage Size: ~~20x20~~ Frame Brick Style of Roof: _____ Lot Size: _____

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

TOTAL VALUATION OF WORK \$ _____
(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

12 CARPENTER KML DEVELOPMENT INC 5 N LANCASTER ST MOUNT PROSPECT IL 708 769 5684

12 CEMENT CONTRACTOR KML DEVELOPMENT INC

12 ELECTRICIAN CONRAD ELECTRIC 5117 N KILBOURN AVE CHICAGO 773-983-5276

EXCAVATOR _____

FENCE INSTALLER _____

12 H.V.A.C. PERFECT AIR COMPANY 6558 109 st CHICAGO RIDGE 773-733-3644

MASON CONTRACTOR _____

12 PLUMBER Watermax Plumbing 3644 HAWTHORNE ST FRANKLIN PARK IL 773 407 9250

ROOFER SELF

ROOFER'S STATE LICENSE NO. APR 24 2015

Demolition: Yes No Contractor: SELF Address VILLAGE OF ELMWOOD PARK Phone _____

Dumpster: Yes No Company: X 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: ✓

Print Name & Title

See Plan Review

38209

Office Use Only

PERMIT NO. 150209 INDEX NO. _____

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

DATE: 4-23-15 COVENANT FILED: Yes No

PERMIT FEE: \$ 390.00 LICENSE: _____

PLANS SUBMITTED: _____ BOND: _____

PLAT OF SURVEY: _____ INSURANCE: _____

Date Received 4/23/15