



City of West Chicago

Community Development Department
475 Main Street, West Chicago, IL 60185

Phone: (630) 293-2200 x 131 / FAX: (630) 293-1257

APPLICATION FOR PLAN EXAMINATION & BUILDING PERMIT

Permit Number: _____
Date Received: ____ / ____ / ____
Permit Fee: \$ _____
Approved: _____

Homeowner's Association? _____

(Project Address) _____ (Subdivision) _____

 _____ (Zoning) _____ (Lot Number) _____ (P.I.N.) _____

(Property Owner) _____ (Phone) _____

(Address) _____

(Applicant) _____ (Phone and FAX) _____

(Address) _____

(General Contractor) _____ (Address) _____ (Phone) _____

(Electrical Contractor) _____ (Address) _____ (Phone) _____

(Plumber) _____ (Address) _____ (Phone) _____

(Roofer) _____ (Address) _____ (Phone) _____

WORK TO BE DONE:

- ____ Addition to existing building
- ____ Remodel
- ____ Driveway (new or repair)
- ____ Plumbing (only)
- ____ Water meter (lawn sprinkler)
- ____ Other: _____

- ____ New building
- ____ Siding
- ____ Electric (only)
- ____ Water meter (replacement)
- ____ Shed

TYPE OF STRUCTURE:

- ____ Single family (detached)
- ____ Townhouse
- ____ Commercial
- ____ Industrial
- ____ Other: _____

SUBMITTING WITH APPLICATION: _____ Survey _____ Building Plan

ESTIMATED TOTAL COST OF PROJECT: \$ _____

STATEMENT OF APPLICANT:

I hereby certify that the above statements are true and accurate, agree to comply with the provisions of the Ordinances of the City of West Chicago, affirm that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application as his/her agent.

(Signature of Applicant) _____ (Print Name) _____ / ____ / ____
(Date)

