CITY OF WEST CHICAGO FACADE IMPROVEMENT GRANT PROGRAM APPLICATION INSTRUCTIONS

- 1. Complete all sections of the Facade Improvement Grant Program Application. Failure to complete all sections will result in delay of application processing and could result in denial of application.
- 2. Attach the following to completed application:
 - a. A plat of survey or site plan showing the location and dimension of the primary building.
 - b. Elevation drawing of the proposed improvements.
 - c. Two (2) photographs of the existing facade(s).
 - d. Three (3) written estimates on approved forms available from the Community Development Department. Such estimates shall include the contractor's name, address, telephone number and list of references.
 - e. Material and color samples of proposed improvements (paint color, brick sample, etc.)
- 3. Where applicable, submit an Application for a Certificate of Appropriateness.
- 4. Submit \$200.00 filing fee, refundable upon satisfactory completion of the project.
- 5. All appropriate permits (building, electrical, heating, etc.) shall be acquired from the City of West Chicago
- 8. Any additional information helpful to understanding the proposal may be attached to this form.

SUBMIT DOCUMENTS TO:

CITY OF WEST CHICAGO
COMMUNITY DEVELOPMENT DEPARTMENT
475 MAIN STREET
WEST CHICAGO, IL 60185
(630) 293-2200



CITY OF WEST CHICAGO APPLICATION FOR FACADE IMPROVEMENT PROGRAM

COA#_____

	DATE RECEIVED
	BUILDING PERMIT#
APPLICANT AND PROPERTY OWNER APPLICANT'S NAME	INFORMATION
APPLICANT'S ADDRESS	
APPLICANT'S TELEPHONE NUMBER	
ARE YOU THE PROPERTY OWNER?	YESNO
IF SO, OWNERSHIP STATUS	SOLE OWNERPARTNERSHIPCORPORATIONTRUST
ARE YOU THE TENANT?	YESNO
IF SO, YEARS REMAINING ON LEASE?	
IF YOU ARE NOT THE PROPERTY OWNER,	, PLEASE PROVIDE:
OWNER'S NAME	
OWNER'S ADDRESS	
OWNER'S TELEPHONE NUMBER	
PROPERTY INFORMATION	
PROPERTY ADDRESS OF PROJECT	
LEGAL DESCRIPTION	
BUSINESS NAME	
HISTORIC BUILDING NAME	

ENANTS	BUSINESS OW	'NER'S NAME	SQ. FT.	LEASE TERMS
			194	
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UMBER OF SI	ORIES	BASEMENT	? YES	NO
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ESCRIBE YOU	R PROJECT			
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FUNDING

AMOUNT OF GRANT REQUEST	\$	

ITEMIZATION OF THE WORK TO BE PERFORMED TO MAKE THE NECESSARY REPAIRS

DESCRIPTION	PERFORMED TO MAKE THE NECESSARY REPAIRS ESTIMATED COST
ARCHITECT	\$
AWNINGS	\$
CHIMNEY	\$
CORNICE	\$
DOORS	\$
FASCIA	\$
FLASHING	\$
GUTTERS	\$
LANDSCAPING	\$
LIGHTING	\$
PAINTING	\$
PORCHES/RAILINGS	\$
ROOF	\$
SIGNS	\$
SOFFIT	\$
STAIRS	\$
WALLS	\$
WINDOWS	\$
OTHER	\$
TOTAL	\$

OFFICIAL USE ONLY
Building Permit #COA #
COA Approval Date

CITY OF WEST CHICAGO FACADE IMPROVEMENT GRANT PROGRAM APPLICATION WRITTEN ESTIMATE FORM

COMPLETE ONE FORM FOR EACH PROJECT ADDRESS

PROJECT	ADDRESS	The state of the s
OWNER'S	NAME	
OWNER'S	ADDRESS	
OWNER'S	TELEPHONE NUMBER	
CONTRACT	OR'S NAME	
CONTRACT	OR'S ADDRESS	
CONTRACT	OR'S TELEPHONE NUMBER	DATE
	TION OF PROPOSED CONSTRUCTION - ATTACH AND TO THIS FORM.	Y ADDITIONAL
	TOTAL COST TO PERFORM ABOVE WORK \$	
	THIS ESTIMATE GOOD FROM	UNTIL
	CONTRACTOR'S SIGNATURE	·

OFFICIAL USE ONLY
Building Permit #COA #
COA Approval Date

CITY OF WEST CHICAGO FACADE IMPROVEMENT GRANT PROGRAM APPLICATION WRITTEN ESTIMATE FORM

COMPLETE ONE FORM FOR EACH PROJECT ADDRESS

PROJECT A	ADDRESS
OWNER'S 1	NAME
	ADDRESS
OWNER'S 7	relephone number
CONTRACTO	DR'S NAME
CONTRACTO	DR'S ADDRESS
CONTRACTO	DR'S TELEPHONE NUMBER DATE
	ON OF PROPOSED CONSTRUCTION - ATTACH ANY ADDITIONAL ON TO THIS FORM.

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	TOTAL COST TO PERFORM ABOVE WORK \$
	THIS ESTIMATE GOOD FROMUNTIL
	CONTRACTOR'S SIGNATURE

OFFICIAL USE ONLY
Building Permit #
COA Approval Date

CITY OF WEST CHICAGO FACADE IMPROVEMENT GRANT PROGRAM APPLICATION WRITTEN ESTIMATE FORM

COMPLETE ONE FORM FOR EACH PROJECT ADDRESS

PROJECT ADDRESS
OWNER'S NAME
OWNER'S ADDRESS
OWNER'S TELEPHONE NUMBER
CONTRACTOR'S NAME
CONTRACTOR'S ADDRESS
CONTRACTOR'S TELEPHONE NUMBER DATE
DESCRIPTION OF PROPOSED CONSTRUCTION - ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.
TOTAL COST TO PERFORM ABOVE WORK \$
THIS ESTIMATE GOOD FROMUNTIL
CONTRACTOR'S SIGNATURE