

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





**FUNDING**

AMOUNT OF GRANT REQUEST	\$
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**ITEMIZATION OF THE WORK TO BE PERFORMED TO MAKE THE NECESSARY REPAIRS**

DESCRIPTION	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 \_\_\_\_\_

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.

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TOTAL COST TO PERFORM ABOVE WORK \$ \_\_\_\_\_

THIS ESTIMATE GOOD FROM \_\_\_\_\_ UNTIL \_\_\_\_\_

CONTRACTOR'S SIGNATURE \_\_\_\_\_

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TOTAL COST TO PERFORM ABOVE WORK \$ \_\_\_\_\_

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CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

CONTRACTOR'S TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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TOTAL COST TO PERFORM ABOVE WORK \$ \_\_\_\_\_

THIS ESTIMATE GOOD FROM \_\_\_\_\_ UNTIL \_\_\_\_\_

CONTRACTOR'S SIGNATURE \_\_\_\_\_