FOR OFFICE USE ONLY
Date Received _____
Permit No. _____
Fee _____

City of West Chicago

Community Development Department
475 Main Street, West Chicago, Illinois 60185
Phone: (630) 293-2200, ext. 131 / FAX: (630) 293-1257

APPLICATION FOR FIELD CHANGE PERMIT

Project Location _____ Original Permit No._____

Project Name _____

P.I.N. Number _____

Applicant's Name _____

Address _____

Telephone Number _____ Fax Number _____

Please provide a summary of the proposed field change _____

_____

_____

_____

_____

_____

Please list the documents submitted for review _____

_____ _____ _____
Signature of Applicant Print Name Date

FOR OFFICE USE ONLY

Field Change No. _____ Approved Approved as Noted Denied

Comments _____

_____

Reviewed by _____ Date _____