



# 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.) \_\_\_\_\_

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\_\_\_\_\_  
(Property Owner) \_\_\_\_\_ (Phone) \_\_\_\_\_

\_\_\_\_\_  
(Address) \_\_\_\_\_

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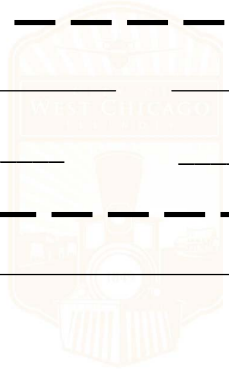
\_\_\_\_\_  
(Applicant) \_\_\_\_\_ (Phone and FAX) \_\_\_\_\_

\_\_\_\_\_  
(Address) \_\_\_\_\_ (Email Address) \_\_\_\_\_

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_____ (General Contractor)	_____ (Address)	_____ (Phone)
_____ (Electrical Contractor)	_____ (Address)	_____ (Phone)
_____ (Plumber)	_____ (Address)	_____ (Phone)
_____ (Roofer)	_____ (Address)	_____ (Phone)

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**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)

**Send**