



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) _____ (Email 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)

Send