



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)

(Street Address)

(City, State Zip)

(Name of 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: _____

____ Patio

____ 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)