



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:	_____ Patio	TYPE OF STRUCTURE:
_____ Addition to existing building	_____ New building	_____ Single family (detached)
_____ Remodel	_____ Siding	_____ Townhouse
_____ Driveway (new or repair)	_____ Electric (only)	_____ Commercial
_____ Plumbing (only)	_____ Water meter (replacement)	_____ Industrial
_____ Water meter (lawn sprinkler)	_____ Shed	_____ Other: _____
_____ 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)
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