



# VILLAGE of WESTCHESTER

10300 ROOSEVELT RD. 60154  
Phone (708) 345-0199 Fax (708) 345-0884

## Commercial Building Permit Application

(please print)

Name of Tenant/Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Index Number (Required): \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Cost of Work: \_\_\_\_\_

### THE FOLLOWING MUST ACCOMPANY EACH APPLICATION FOR A BUILDING PERMIT

1. All contractors and subcontractors must have a Village of Westchester contractor registration before submitting application
2. Six (6) sets of prints stamped and signed by an Illinois licensed Architect
3. A copy of a Plat of Survey (as needed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

License Fee..... \$.....

Permit Fee..... \$.....

Inspection Fee..... \$.....

Other Fees..... \$.....

Fines..... \$.....

Total Fees..... \$.....

Guarantee Deposit (MINIMUM \$300.00)..... \$.....

GENERAL CONTRACTOR AND SUBS REGISTRATION

<b>General Contractor:</b> _____	<b>Phone:</b> _____
<b>Contractor Address:</b> _____	
<b>Carpenter:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Concrete:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Drywall:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Electrician:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Electrical Furniture:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Excavator:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Fire Alarm System:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Furniture Installer:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>HVAC:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Mason :</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Phone/Date:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Plumber:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Roofer:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Sprinklers:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____
<b>Other:</b> _____	<b>Phone:</b> _____
Address: _____	City: _____