



Village of Westchester

10300 West Roosevelt Road, Westchester, IL 60154
 Phone: (708) 345-0199 • Fax: (708) 345-0884 • Email: Building@westchester-il.org

FOR OFFICE USE ONLY

PERMIT NO: _____
 DATE ISSUED: _____
 PAID: _____

FIRE: _____
 BUILDING: _____

CONTRACTORS: _____
 APPROVED BY: _____

TITLE: _____

APPLICATION FOR LOW VOLTAGE PERMIT

Date: _____ Site Address: _____
 Tenant/Business: _____

Name of Tenant/Business: _____	Phone: _____
Address: _____	Email: _____
Name of Property Manager/Owner: _____	Phone: _____
Address: _____	Email: _____
General Contractor: _____	Phone: _____
Contractor Address: _____	Email: _____
Description of Work: _____	Cost of Work: _____

	NAME	ADDRESS, CITY	PHONE
Electrician			

DESCRIPTION OF WORK

Description of Work: _____

No error or omission in either the plans or application, whether said plans or application have been approved by the Building Commissioner or not, shall permit to relieve the applicant from constructing the work in any other manner than that provided for in the Ordinance of this Village relating thereto. The Applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Cost of Work: _____

THE FOLLOWING MUST ACCOMPANY EACH APPLICATION FOR A BUILDING PERMIT:

- Application Forms:** Fill out a copy of this application form, written consent from property owner to complete work.
- Six (6) sets of prints.**
- Contractor Information:** If a contractor is doing the work, Contractor's Bond, Insurance and Licensing form and documents
- CD/Flash Drive:** A CD/Flash Drive must be submitted prior to the permit being issued. Pursuant to 14.01.090(f) When construction documents are produced in a digital format, approved construction documents shall be submitted on a compact disc or a flash drive in PDF or in another format approved by the Department of Community Development.

Plan Submission Fee: \$ _____
 Permit Fee: \$ _____
 Plan Review Fees: \$ _____
 Inspection Fees: \$ _____
 Guarantee Deposit: \$ _____
TOTAL FEE: \$ _____

