

Village of Westchester

Date Received

Date: _____

10300 West Roosevelt Road, Westchester, IL 60154 Phone: (708) 345-0199 ● Email: Building@westchester-il.gov

APPLICATION FOR SIDING, TUCKPOINTING & GUTTERS PERMIT

Date:	Site Address: _	
Name of Property Man	ager/Owner:	Phone:
Address:		Email:
General Contractor:		Phone:
Contractor Address:		Email:
Description of work:		
Cost of work:		
	DESCRIPTION O	
□ SIDING	□ TUCKPOINTING □ GUTT	ERS □ SOFFIT/FASCIA □ OTHER
Fees:	Residential	Commercial
Siding:	\$25	\$50
Tuckpointing:	\$25	\$50
Gutters, Soffit &	Fascia: \$25	\$50
Commissioner or not, shall perm the Ordinance of this Village rela	it to relieve the applicant from constru	ans or application have been approved by the Building acting the work in any other manner than that provided for in d this application and fully understanding the intent thereof ge and belief.

Application Requirements:

• **Application Form**: Fill out a copy of this application form.

Print Name:

Signature:

• Contractor must be registered with The Village of Westchester and provide a signed contract with detail scope of work.