

Village of Westchester

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

APPLICATION FOR SIDING, TUCKPOINTING & GUTTERS PERMIT

Date Received

Date:	Site Address:	
Name of Property Owner:	Phone:	
Address:	Email:	
Contractor:	Phone:	
Contractor Address:	Email:	
Description of work:		
Cost of work:		
□ SIDING □ TUCKPOIN	DESCRIPTION OF WORK:	SOFFIT/FASCIA 🗆 OTHER
Fees:	Residential	Commercial
Siding:	\$35	\$75
Tuckpointing (over \$100):	\$35	\$75
Gutters, Soffit & Fascia:	\$40	\$50
No error or omission in either the plans or application commissioner or not, shall permit to relieve the at the Ordinance of this Village relating thereto. The declares that the statements made are true to the	applicant from constructing the w Applicant having read this applic	ork in any other manner than that provided for in cation and fully understanding the intent thereof
Signature:		Date:

Application Requirements:

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

Print Name:

Provide a signed contract with detail scope of work (all vendors must be registered prior to permit release)