

**CITY OF WEST CHICAGO
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

(PLEASE PRINT)

PROJECT ADDRESS _____ DATE SUBMITTED _____

APPLICANT'S NAME _____ PHONE NO. _____

PROCEDURE

1. Staff review will not begin, nor will you be scheduled on the Historical Preservation Commission agenda, until City staff has determined that all required items have been submitted and are complete. If there is a question concerning what materials need to be submitted with your application, please call either John Fincham, Assistant Community development Director at (630) 293-2200 ext. 155 or LuAnn Bombard, Museum and Cultural Services Director at 231- 3376.

2. Checklist of Submittal Requirements:

- | | | |
|----|--|----------|
| a. | Completed application form | 3 copies |
| b. | Plat of survey (when applicable) | 3 copies |
| c. | Blueprints/elevation (to scale, when applicable) | 3 copies |
| d. | Photographs (existing conditions) | 3 copies |
| e. | Description of exterior materials | 3 copies |
| f. | Manufacturer's illustrations/cut sheets | 3 copies |

YES NO

WEST CHICAGO	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Preservation Commission may request other documents.

3. If the project is unable to be completed by 6 months of the date of issue, you may apply for an extension of the Certificate of Appropriateness (COA). Extensions may be granted upon submission of proper documentation. The COA is provided at no cost.

4. On completion of the work, notify the Community Development Department at (630) 293-2200 x131.



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Effective 4/03

Date Received _____ COA # _____ Date Approved _____ Approved By _____
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APPLICANT AND PROPERTY OWNER INFORMATION (Please Print)

ADDRESS OF PROPERTY	<input type="checkbox"/> E.WASHINGTON STREET HISTORIC DIST. <input type="checkbox"/> TURNER JUNCTION HISTORIC DISTRICT <input type="checkbox"/> INDIVIDUAL LANDMARK	
NAME OF PROPERTY OWNER		
ADDRESS OF PROPERTY OWNER		
TELEPHONE NUMBER (DAY)	TELEPHONE NUMBER (EVENING)	
NAME OF APPLICANT		
ADDRESS OF APPLICANT		
TELEPHONE NUMBER (DAY)	TELEPHONE NUMBER (EVENING)	
APPLICANT'S RELATIONSHIP TO OWNER <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> OTHER _____		

SUBMITTAL REQUIREMENTS

INCLUDE 1 COPY OF THE FOLLOWING ITEMS WHERE APPROPRIATE

1. SITE PLAN DRAWN TO SCALE (PREFERABLY SURVEY), IF APPLICABLE.
2. ELEVATION DRAWINGS DRAWN TO SCALE OF EACH BUILDING WITH DIMENSIONS AND SPECIFICATIONS WHICH CLEARLY ILLUSTRATE THE EXTERIOR APPEARANCE OF THE PROJECT.
3. PHOTOGRAPHS SHOWING EXISTING CONDITIONS.
4. MANUFACTURER'S ILLUSTRATIONS, IF APPLICABLE.
5. DESCRIPTION OF EXTERIOR MATERIALS TO BE USED.
5. UPON REVIEWING THE APPLICATION, ADDITIONAL INFORMATION MAY BE REQUIRED.

LIST AND DESCRIBE IN DETAIL ALL WORK TO BE DONE FOR EACH ITEM IN THE SPACE PROVIDED ON THE FOLLOWING PAGES. A COA WILL BE REQUIRED FOR ANY EXTERIOR WORK THAT REQUIRES A BUILDING PERMIT ISSUED BY THE COMMUNITY DEVELOPMENT DEPARTMENT. CHECK EACH WORK ITEM FOR WHICH APPROVAL IS REQUESTED:

**SCOPE OF WORK: EAST WASHINGTON STREET HISTORIC DISTRICT
INDIVIDUAL LANDMARKS**

___ RELOCATION OF STRUCTURE

___ DEMOLITION OF STRUCTURE

___ NEW CONSTRUCTION/ADDITIONS

___ EXTERIOR ALTERATION

___ PORCH

___ FENCE

___ AWNING/ CANOPY

___ LANDSCAPING

___ DECK

___ RETAINING WALLS

___ DOOR (relocation, change in opening)

___ ROOF

___ LIGHT FIXTURE (additional)

___ SIDING

___ SIGNS

___ STAIRS OR STEPS

___ MATERIAL CHANGE (WOOD,
BRICK, ETC.)

___ WINDOWS (relocation, change in size)

___ PAVING (PARKING LOT,
DRIVEWAY)

___ SKYLIGHT

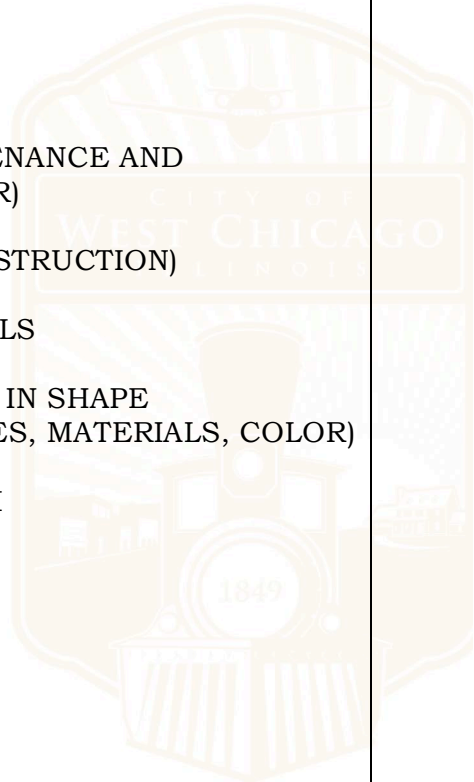


___ OTHER _____

LIST AND DESCRIBE IN DETAIL ALL WORK TO BE DONE FOR EACH ITEM IN THE SPACE PROVIDED ON THE FOLLOWING PAGES. A COA WILL BE REQUIRED FOR ANY EXTERIOR WORK THAT REQUIRES A BUILDING PERMIT ISSUED BY THE COMMUNITY DEVELOPMENT DEPARTMENT. CHECK EACH WORK ITEM FOR WHICH APPROVAL IS REQUESTED:

SCOPE OF WORK: TURNER JUNCTION HISTORIC DISTRICT

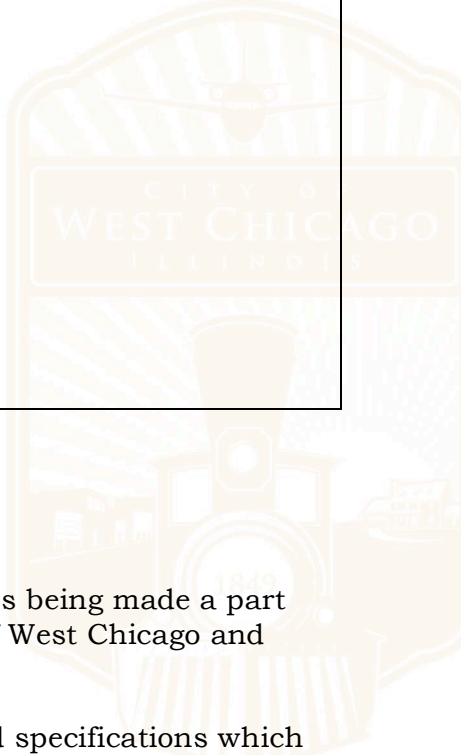
- ___ RELOCATION OF STRUCTURE
- ___ DEMOLITION OF STRUCTURE
- ___ NEW CONSTRUCTION/ADDITIONS
- ___ EXTERIOR ALTERATION
 - ___ ARCHITECTURAL FEATURE (DECORATIVE ORNAMENTATION)
 - ___ AWNING/ CANOPY
 - ___ DECK
 - ___ DOOR
 - ___ FENCE
 - ___ GUTTERS
 - ___ LANDSCAPPING
 - ___ LIGHT FIXTURE
 - ___ MASONRY CLEANING, REPOINTING, PAINTING
 - ___ MATERIAL CHANGE (WOOD, BRICK, ETC.)
 - ___ MECHANICAL SYSTEM UNIT (HVAC)
 - ___ PAINTING (PAINT REMOVAL, COLOR CHANGE)
 - ___ PAVING (PARKING LOT, DRIVEWAY)
 - ___ PORCH (MAINTENANCE AND REPAIR)
 - ___ PORCH (RECONSTRUCTION)
 - ___ RETAINING WALLS
 - ___ ROOF (CHANGE IN SHAPE FEATURES, MATERIALS, COLOR)
 - ___ SATELLITE DISH
 - ___ SIDEWALKS
 - ___ SHUTTERS
 - ___ SIDING
 - ___ SIGNS
 - ___ STAIRS OR STEPS
 - ___ STORM DOORS AND WINDOWS
 - ___ WINDOWS, SKYLIGHTS
 - ___ OTHER



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

DESCRIPTION OF PROJECT:

(Include items listed under Submittal Requirements)



In consideration of this application and attached plans and specifications being made a part thereof, I/we will conform to all of the regulations set forth in the City of West Chicago and Illinois codes and ordinances.

I/we further agree that all work will be in accordance with the plans and specifications which accompany this application, except for such changes as may be authorized or required by the building official. **On completion of the work, I/we agree to notify the Community Development Department at (630) 293-2200 ext. 131.**

I/we further agree that if an economic hardship is claimed, I/we will include evidence that a hardship exists (criteria are available upon request).

I/we further agree to post a copy of the Certificate of Appropriateness (COA) along with the permit on the subject premises in a place of public view.

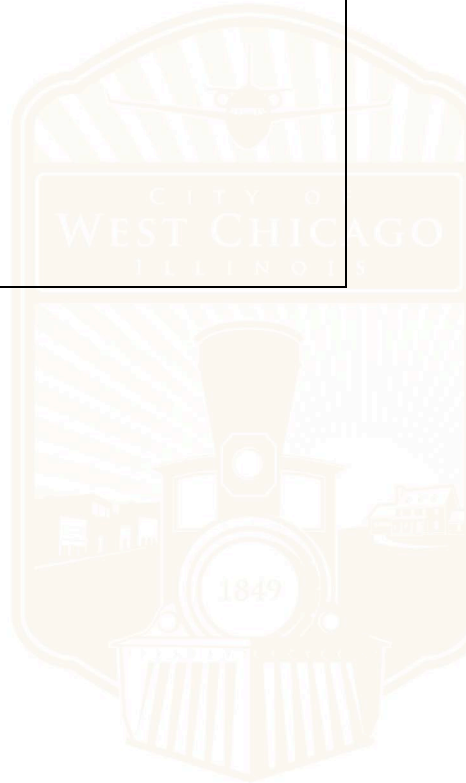
APPLICANT (If other than owner) DATE

OWNER DATE

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

COMMISSION USE ONLY

COMMISSION REVIEW:



ACTION TAKEN:

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A CERTIFICATE OF APPROPRIATENESS IS HEREBY AUTHORIZED: _____
(address)

Approval Date _____ Project Completion Date _____

Historic Preservation Commission President _____

COA No. _____ Permit No. _____

Comments _____

