



**TOWN OF CICERO  
BUILDING DEPARTMENT**

4949 W Cermak Road • Cicero, Illinois 60804 • 708.656.3600 • Fax 708.656.9708

**TOM M. TOMSCHIN, MPA**  
Building Commissioner

**COMPLIANCE EXTENSION REQUEST**

**NOTE:** Compliance reinspection must be done before an extension request is reviewed. In order to be granted an extension, 80% of the violations listed upon the Certificate of Compliance Inspection must be completed and any/all Certifications that were requested must be submitted to the Town of Cicero Building Department.

Property Address \_\_\_\_\_ Cicero, IL 60804 \_\_\_\_\_ Date of Extension Request \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

I/We \_\_\_\_\_ am/are requesting an extension for the property listed above. I/We have not completed the repairs within the given one hundred eighty (180) days due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We are requesting an additional \_\_\_\_\_ {amount of time} to complete the repairs. I/We understand that there will be a \$25.00 reinspection fee for each additional inspection.

Thank you,

\_\_\_\_\_  
Signature {and Copy of Photo Identification}

SWORN AND SUBSCRIBED TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

OFFICE USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Days	
_____ Signature	

(Seal)