



Town of Cicero

Building Department

4949 W. Cermak Road
Cicero, IL 60804
(708)656-3600



Permit Extension Request (you must apply prior to permit expiration date)

Date: _____

Property Address: _____

Owner Name: _____

Phone Number: _____

Email Address: _____

Permit #: _____

Type of work being completed: _____

Name of contractor/subcontractors doing work: _____

Reason for requesting extension: _____

Requesting an extension of: _____

3 month extensions only from original extension date, bring in original permit

Office Use Only

Extension Granted _____ Date: _____

Extension Denied _____ Date: _____

Owner Notified _____ Date: _____