



CICERO/JACKSON TOWNSHIP PLAN COMMISSION

331 East Jackson
St. P.O. Box 650
Cicero, In 46034
317-984-5845 Office
317-984-5938 Fax
www.ciceroin.org

PERMIT EXTENSION POLICY

The extension of the permit shall be the decision of the Plan Commission Director. Up to three extensions may be issued on a single permit. The duration of each extension may range from one (1) month to a maximum of three (3) months. The duration of the extensions is based on the following criteria:

- 1.) Size and extent of the work being permitted.
- 2.) Request is made before the expiration of the permit.
- 3.) Request shall be in writing stating the reason for the time extension and shall include a construction schedule with date of completion.
- 4.) Payment of additional inspection fees and on-site inspections of existing structure (Fees may be waived per the director's discretion).
- 5.) Copies are provided of any revised plans or changes to original permitted work.
- 6.) Failure to complete the permitted work prior to the end of the given extension time will require a new building permit and full payment of all required fees.
- 7.) Director may require that a bond be posted for any "code required" permitted work that is not completed prior to the end of the extension. Bond shall be equal to the cost of completing the unfinished work.
- 8.) Failure to show substantial progress prior by the end of each extension may be just cause to refuse any further extensions.



**CICERO / JACKSON TOWNSHIP
PLAN COMMISSION
PERMIT EXTENSION APPLICATION**

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OFFICE USE ONLY

Status Inspection Date:	Permit #:
Status Inspection:	Date of Extension Issue:
	Date of Expiration:
	Permit Fee:
<input type="checkbox"/> Full Release	<input type="checkbox"/> Conditional Release
Required Inspections:	
Conditions of Extension:	

APPLICANT MUST COMPLETE THE FOLLOWING

Property Owner:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Project Address:		
City:	State:	ZIP Code:
Parcel:	Subdivision:	
General Contractor/ Builder:	Telephone:	
Address:	Fax:	
City:	Cell Phone:	
State:	ZIP Code:	Email:

PROJECT INFORMATION

Note: An inspection to review status of the permit shall be performed prior to any extension being granted.
Reason for Extension:
Status of Permit: (Work Completed and Work Remaining)
Date Project Will be Completed: _____

CERTIFICATION AND NOTICE OF INTENT TO COMPLY

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Ordinance, Zoning Ordinance, private building restrictions, if any, which may be imposed on the above property by deed.

I further certify that the construction will not be used or occupied until the proper certificates of Occupancy and/or Compliance are filed with the office of the Cicero/Jackson Township Plan Commission.

SIGNATURES

Approved By	Owner/ Contractor/ Builder
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APPLICANT MUST COMPLETE THE FOLLOWING

General Contractor/ Builder:

Telephone:

Cell:

Fax:

E-mail:

Is the Property Owner the General Contractor/ Builder?

☐ **Yes**☐ **No****Foundation**

Excavators:

Phone:

Footings:

Phone:

Foundation:

Phone:

Other:

Phone:

Rough-In

Framing:

Phone:

Plumbing:

Phone:

Electrical:

Phone:

HVAC:

Phone:

Insulation:

Phone:

Other:

Phone:

Final/ Finish Work

Finish Carpenter:

Phone:

Final Grading:

Phone:

Landscape:

Phone:

Other:

Phone:

Additional Contractor Information: