



CITY OF CHICAGO
 DEPARTMENT OF BUSINESS AFFAIRS
 AND CONSUMER PROTECTION
 121 N. LaSalle St., Room 805
 Chicago, IL 60602

OFFICE USE

Date Received: _____

@ChicagoBACP

COMMISSIONER'S ADJUSTMENT APPLICATION SHARED HOUSING UNITS & VACATION RENTALS

INSTRUCTIONS

Completed Commissioner Adjustment applications must be submitted with supporting argument and any documentation as it relates to 4-14-100 and/or 4-6-300(l) to:

Department of Business Affairs and Consumer Protection (BACP)
 121 N. LaSalle St., Room #805
 Chicago, Illinois 60602

or

via email at houseshareadjustment@cityofchicago.org

- Applications are reviewed on a first come/first served basis.
- Applications must address the relevant approval criteria and include supporting documentation.
- Incomplete applications will be denied.
- BACP has 60 days to review and make a determination.

APPLICANT INFORMATION

Property Address: _____

PIN: _____

Applicant Name: _____

Applicant Phone: _____

Applicant E-mail: _____

Ward: _____ Vacation Rental Shared Housing Unit

Reason for Commissioner's Adjustment (Check one of the following statements):

- My unit is located in a single family home that is not my primary residence.
- My unit is located in a building containing two to four units, and the unit I want to register or license is not my primary residence.
- My unit is located in a building containing two to four units where the maximum allowable number of units have been licensed and/or registered.

ACKNOWLEDGEMENT

I hereby certify that the information supplied in this form is true and complete and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Signature of Applicant: _____ Date: _____