



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

REVISION OF PROJECT DECLARED COMPLETION DATE

PERMIT NUMBER: _____

PROJECT ADDRESS: _____

CONTRACTORS'S NAME AND ADDRESS: _____

CONTRACTOR'S PHONE #: _____

FIRST DECLARED COMPLETION DATE SUBMITTED TO DOB: _____

NEW DECLARED COMPLETION DATE: _____

NUMBER OF PRIOR REVISIONS: _____

Briefly explain why you are revising the completion date:

I hereby certify that above-stated new declared completion date is my current best estimate of when this project will be completed.

Signature

Date

Name (please print)

Title

Daytime phone number: _____

Please email form to cdphpermits@cityofchicago.org

Note: Contractors subject to the Chicago Construction & Demolition Recycling Ordinance must notify the City whenever there is a change in a project declared completion date. Failure to do so may result in a finding that the contractor has overdue compliance forms.