CITY OF TRENTON

14 West Broadway, Trenton, IL 62293 7323 Fax: (618) 224-9136 www.trenton-il.com Phone: (618) 224-7323

HEALTH/SAFETY PERMIT

Inspection Date:	Permit #:
Building Address:	
Owner(s):	
Owner's Address (If Different):	
Name of Tenant(s) (If Rental):	
No. of Bedrooms:	Approx. Square Footage:
Remarks:	
Utility Inspection Conducted?: □Yes □No □N/A	
Building Classification: ☐ Single-Family Resident	lential □Multi-Family Residential □Commercial
This building has been inspected on the above date ordinances of the City of Trenton insofar as can be dete Trenton does not make any guarantee or warranty as to City assume any liability in the inspection and/or issuan	rmined by visual inspection of the premises. The City of the conditions of the building inspection, nor does the ce of this permit.
The legal occupancy of this dwelling unit is limited to no Chief Building and Zoning Official -or-	more than individuals.
Chief Building Inspector	