

**APPLICATION FOR HEALTH/SAFETY PERMIT**

City of Trenton

14 West Broadway, Trenton, IL 62293

Phone: (618) 224-7323

Fax: (618) 224-9136

www.trenton-il.com

**FOR OFFICE USE ONLY**

|   |   |               |
|---|---|---------------|
| Date Application Received:  | Fee Paid: <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$75.00 | Check #/Cash: |
| Utility Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Forwarded to Inspector:  |               |
| Additional Information:   |   |               |

**INSTRUCTIONS TO APPLICANT**

Please complete application and return to Trenton City Hall with the required fee. The permit/inspection fee is \$75.00, with an additional \$50.00 fee assessed for the first re-inspection due to failure. Any subsequent re-inspections will be at the rate of \$75.00. If it is determined that an inspection of the property's water/sewer system is not necessary, the permit/inspection fee will be \$50.00 for all inspections/re-inspections.

This fee must be paid prior to the inspection at City Hall or at the time of inspection. To schedule an appointment, please contact Jerry Green, Chief Building Inspector: (618) 799-8828, 8:30a.m.-4:00p.m. Monday-Friday.

**If property is occupied before a Permit is issued, the owner/property manager shall be subject to a fine of not less than \$100.00. Each day of unlawful occupancy shall be considered a new violation subject to fine.**

**APPLICATION (All Information Required)**

|  |                    |
|--|--------------------|
| Date:  | Building Address:  |
| Present Owner(s):  |                    |
| Proposed Tenant(s):  |                    |
| Is Property: <input type="checkbox"/> Rental <input type="checkbox"/> Sale <input type="checkbox"/> New Construction           |                    |
| Has a Health/Safety Permit been previously issued for this property?: <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Applicant Name:  |                    |
| Applicant Address:   |                    |
| City, State Zip:   |                    |
| Day Telephone:   | Evening Telephone: |
| Cellular Telephone:  | E-Mail Address:    |
| Proposed Occupancy Date:   |                    |