



CITY OF IRONTON PUBLIC SERVICES DEPARTMENT PERMIT APPLICATION

Date	TYPE OF PERMIT	<input type="checkbox"/> Curb Cut/Driveway	\$10.00	<input type="checkbox"/> Sidewalk	\$10.00
		<input type="checkbox"/> Sewer Tap	\$10.00	<input type="checkbox"/> Excavation/Inspection	\$50.00

1. Location of Work

Street Address	Apt.
Between _____ and _____	
Cross Street	Cross Street

2. Owner Information

First Name	Last Name or Business Name	Phone	
Street Address	City	State	Zip

3. Contractor Information

First Name	Last Name or Business Name	Phone	
Street Address	City	State	Zip
Service Worker License Number			

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I acknowledge that all work shall comply with the regulations specified in the City of Ironton Codified Ordinances and shall be done to the complete satisfaction of the Public Services Department. An inspection of the completed work is required by the Public Services Department.

Signature of Owner or Contractor _____ Date _____

Inspector _____ Date _____

Approved forms and grade _____ Date _____

OFFICE USE ONLY

PERMIT

FEE

