

Office Use Only	
County or	Jurisdiction _____
Rte _____	Log Pt _____
AccCat _____	

**State of Ohio
Department of Transportation
Permit Inspection Certificate**

To be completed by District Office

[1] Permittee Name _____ Address _____
Phone () _____

[2] Permit No. _____ Date Issued _____ Work Authorized _____

To be completed by Inspector

[3] Was work completed? Yes No As authorized? Yes No If No, explain variation(s)

[4] Is work approved? Yes No If No, explain conditions _____

If work is not approved, advise person in charge at work site, noting his/her name and relationship to permittee and the date and time of the inspection; note any instructions given such person, including work stoppage if warranted. If no one is present at work site, so note.

Date _____

Signed _____

Title _____