

DEMOLITION PERMIT APPLICATION

MT LEBANON INSPECTION OFFICE
 710 Washington Road
 Pittsburgh, PA 15228
 412-343-3408

PERMIT # _____

This section to be completed by the Inspection Office

Zoning Hearing _____ Zoning District _____ Allegheny County Parcel # _____

Applications that are completely filled-out & with the required supporting documents will be processed in the order they are received.

Project Site	Street Address _____
Owner of the Property/ Building	Owner Name _____ Address _____ Phone _____ Email _____
Contractor Information	Contractor Name _____ Address _____ Contact Person _____ Phone _____ Email _____
Nature of Demolition	Type of Structure To Be Demolished _____ _____ Total Square Footage of Structure _____ Number of Stories _____ Reason for Demolition _____ _____ ESTIMATED COST OF PROJECT \$ _____

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Mt. Lebanon regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C. S. Â§4904, relating to unsworn falsification to authorities.

Property Owner or Representative _____ Date _____

THIS SECTION TO BE COMPLETED BY THE INSPECTION OFFICE. Plans, specifications and survey for the above application have been examined and I hereby certify that they comply in every particular with the Ordinances of Mt. Lebanon, PA and approve the issuing of this permit for the same, after paying the required fee.

FEE: \$ _____

Building Inspector's Signature

Date Approved