

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

<b>Project Site</b>	Street Address _____
<b>Owner of the Property/ Building</b>	Owner Name _____ Address _____ ZIP _____ Phone _____ Email _____
<b>Contractor Information</b>	Contractor Name _____ Address _____ ZIP _____ Contact Person _____ Phone _____ Email _____
<b>Nature of Demolition</b>	Type of Structure To Be Demolished _____ _____ Total Square Footage of Structure _____ Number of Stories _____ Reason for Demolition _____ _____ <b>ESTIMATED COST OF PROJECT: IF PROJECT REQUIRES MORE THAN ONE APPLICATION, EACH APPLICATION MUST HAVE ITS OWN ESTIMATED COST. \$</b> _____

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. §4904, relating to unsworn falsification to authorities.

APPLICATION MUST BE SIGNED

Property Owner, Contractor 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*