

**Mt. Lebanon Fire Department
Fire Prevention Office
555 Washington Road
Pittsburgh, PA 15228**

(412) 343-3402 FAX (412) 341-4549

CONSTRUCTION PERMIT APPLICATION

Date of Application: _____

Location of proposed project: _____

Business / Organization Name: _____

Address: _____

Phone: _____ - _____

Email: _____

Contact Person: _____

The above listed applicant hereby makes application for a:

Permit Fee:

Payment due at time of application. Checks should be made payable to the "Municipality of Mt. Lebanon". Reference account # 01-5210-32112.

Details regarding the above request must be filed when application is made and whenever requested by the fire inspector. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire code amendments.

Applicant Signature

Date

FOR DEPARTMENT USE ONLY

Date Issued: _____

Fee \$: _____ [] Paid

Permit #: _____

Issued by: _____