SIGN PERMIT APPLICATION

FOR ZONING APPROVAL ONLY

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

PERMIT	#	
PERIVIII	#	

This section to be	e completed by the Inspection Office	
Zoning Hearing _	g Zoning District Allegheny County Parcel #	
Applications con	ompletely filled-out & with the required supporting documents will be processed	in the order they are received.
		•
Project Site	Address	ZIP
	Tenant Business Name	
	Contact PersonPhone	
	Email	
	Owner Name	
Owner of the Property/ Building	Address	
	Contact PersonPhone	
	Email	
	Contractor Name	
	Contractor Name	
Contractor		ZIP
Information	Contact PersonPhone	
	Email	
	☐Building Mounted ☐Free Standing ☐Temporary/Other (<i>explain</i>)	
	Building Mounted Brice standing Bremporary/other (explain)	
Nature of		
Proposed		-
Sign	Comprehensive Liability Insurance: Will proposed sign abut or overhang any pub ☐ Yes ☐ No If Yes, please complete page two (2) of this application.	
	ESTIMATED COST OF PROJECT: IF PROJECT REQUIRES MORE THAN ONE	
	APPLICATION MUST HAVE ITS OWN ESTIMATED COST. \$	·
	to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may	
regarding this app made subject to the	application. I verify that the statements made in this application are true and correct. I understand to the criminal penalties of 18 Pa. C. S. ŧ4904, relating to unsworn falsification to authorities.	that any false statements herein are
APPLICATION M	N MUST BE SIGNED	
Property Owner, (r, Contractor or Representative	Date
examined and I he	TO BE COMPLETED BY THE INSPECTION OFFICE. Plans, specifications and survey for the a hereby certify that they comply in every particular with the Ordinances of Mt. Lebanon, PA and appopulation the required fee.	
FEE: \$		
	Building Inspector's Signature	Date Approved

SIGN PERMIT APPLICATION COMPREHENSIVE LIABILITY INSURANCE INFORMATION

I hereby certify that I have obtained the necessary insurance coverage for the premises involved, additionally insuring indemnifying Mt. Lebanon, Pennsylvania as required by the Mt. Lebanon Building Code, and hereby submit certification with this application:

Property Address		
Insurance Carrier		
Carrier Address		
Policy Number:		
Effective Date:		
Expiration Date:		
I further certify and a for the life of the sig	esent policy, I will renew same or obtain required o	overage:
Insured Signature	 Date of Application	
Print Insured Name		