

# POD PERMIT APPLICATION

## Personal On Demand Storage Unit

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 # \_\_\_\_\_

**PODS ARE PROHIBITED FROM BEING PLACED IN THE STREET OR PUBLIC SIDEWALK.**  
**MT LEBANON ZONING ORDINANCE 3173 CHAPTER XX §803.3.15**

<b>POD Site</b>	Street Address _____
<b>Owner of the Property</b>	Owner Name _____ Address _____ Phone _____ Email _____
<b>POD Information</b>	Reason for POD _____ _____ Date(s) In need of POD _____ _____ Where on property will POD be located ? _____ _____ POD Provider _____ POD Provider Address _____ _____ POD Provider Phone _____

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*