

**CITY OF LEBANON
APPLICATION FOR STRUCTURAL PERMIT**

Permit No. _____

Owner: _____

Address of Owner: _____

Phone number: _____ email: _____

Description of Work:

Contractor: _____

Address: _____ City _____ State: _____

Telephone: _____ Mobile: _____

NUMBER OF STRUCTURAL INSPECTIONS REQUIRED:

NOTE: Inspections are \$80 each. Any required re-inspections will be a \$60 charge that must be paid for at City Hall PRIOR to the re-inspection.

Call Inspector Terry Weil (618-920-0764) 48 hours in advance to schedule inspections

Owner/Applicant Signature: _____ Date : _____

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Date Paid: _____ Amount Paid: _____ Paid: Cash/cc/dc/ck# _____

1 Inspection/Inspector _____ Date _____ Result _____

2 Inspection/Inspector _____ Date _____ Result _____

Re-inspect _____ Date _____ Result _____ Paid: cash/cc/dc/ck# _____

Attach any inspection notes to this application for storage.