



**MUNICIPALITY OF MONROEVILLE**

2700 Monroeville Boulevard Monroeville, Pennsylvania 15146

Phone (412) 856-3338 Fax (412) 856-3862



**Department of Community Development  
ZONING PERMIT/ZONING OCCUPANCY PERMIT APPLICATION**

**Please Print**

PERMIT FOR/TO: \_\_\_\_\_

LOT AND BLOCK #: \_\_\_\_\_ -- \_\_\_\_\_

LOCATION OF SITE: \_\_\_\_\_

NAME OF LAND OWNER: \_\_\_\_\_

ADDRESS OF LAND OWNER: \_\_\_\_\_

(\_\_\_\_\_) Phone

NAME OF PERMITTEE: \_\_\_\_\_

ADDRESS OF PERMITTEE: \_\_\_\_\_

(\_\_\_\_\_) Phone

BRIEFLY DESCRIBE PROJECT: \_\_\_\_\_

**SUBJECT TO COMPLIANCE WITH ALL MUNICIPAL CODES, RESOLUTIONS AND ORDINANCES**

Have you provided? (Please check one)

- Workers Compensation Exemption Affidavit (Attachment A)
- Workers Compensation Contractors/Subcontractors Affidavit (Attachment B) and Supporting Documentation

Signature

Printed Name

Date