

**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 Blake Klenke 618-537-4976 Ext 108 at least 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.