

Quality of Life Violation Ticket Appeal Form

Ticket Number: _____ Date Ticket Issued: _____

Name (Person Appealing Ticket): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Appeal: _____

Explain why you believe the ticket was issued in error or should be excused:

Appeals will be considered by the City Administrator, who will render a decision within thirty (30) days of the appeal. You will be notified of the decision using the contact address you provided above.

Payment for fine MUST be included with all appeals.

Checks can be made payable to the "City of Monessen" and this form can be mailed at:

**City of Monessen
557 Donner Avenue
Monessen, PA 15234**

CITIZEN COMPLAINT

1. NAME _____

2. DATE _____ 3. TIME _____

4. COMPLAINT _____

5. ACTION _____

**CITY OF MONESSEN
APPLICATION FOR INSPECTION
AND HABITATION PERMIT
(Please Print)**

Fee \$ _____

Date _____

Owner's Name _____ Phone No. _____

Address _____

Prospective Owner's Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____
of person requesting inspection.

Map No. _____

Building Type _____

Former Address _____

Owner (Yes) (No)

Rental (Yes) (No)

Land Contract (Yes) (No)

NOTICE!

No one is permitted to move anything into a house, apartment, business, etc., if they have not received an inspection for occupancy permit.

Anyone who moves into a house, apartment, business, etc., before receiving an inspection and occupancy permit, the owner or owners will be cited before the District Justice.

Applicants Signature

Do not write below this line

Date and time of inspection _____

Inspection Site _____

Violations (Yes) (No)

Reinspection Date _____

Issue Occupancy Permit (Yes) (No)

Inspector's Signature
Code Enforcement Officer
724-684-9717

OWNER INFORMATION

Name: _____

Address: _____

City and State: _____

Emergency Phone No.: _____

PROPERTY MANAGER INFORMATION

Name: _____

Address: _____

City and State: _____

Emergency Phone No.: _____

2020 TENANT LIST

PLEASE INDICATE THE PROPER CODE IN THE BRACKET () FOR EACH UNIT LISTED BELOW.

- (R) Rental
- (FO) Family Occupied
- (V) Vacant – no fee

	CODE
Name _____	()
Address _____	()
Name _____	()
Address _____	()
Name _____	()
Address _____	()
Name _____	()
Address _____	()
Name _____	()
Address _____	()

(Please copy this form if additional spaces are needed)

MONESSEN ZONING APPLICATION & PERMIT
557 DONNER AVENUE
MONESSEN, PA. 15062

DATE: _____ **PERMIT #** _____

APPLICATION IS HERBY MADE FOR A ZONING PERMIT IN CONFORMITY WITH THE REQUIREMENTS OF THE CITY OF MONESSEN ZONING ORDINANCE AND ANY AMENDMENTS THERETO FOR THE WORK DESCRIBED BELOW:

PROPERTY LOCATION: _____

Parcel #: _____ **ZONING DISTRICT:** _____

OWNER: _____ **PHONE:** _____

ADDRESS: _____

CONTRACTOR: _____ **PHONE:** _____

DESCRIPTION OF WORK: _____

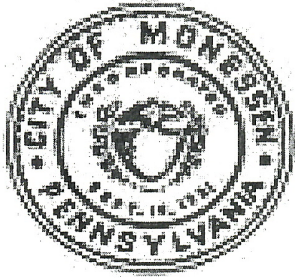
LOT SIZE: _____ **FRONT SET BACK:** _____

REAR: _____ **SIDE SETBACK:** _____

FEE PAID: _____ **APPROVAL/DENIED DATE:** _____

APPLICANTS SIGNATURE: _____

ZONING OFFICER: _____



CITY OF MONESSEN

557 Donner Avenue
Monessen, PA 15062
724-684-9717 Phone
724-684-4006 Fax

For Office Use Only

Received By: _____ Date: _____

Amount Paid: _____ Cash

Check # _____ Credit Card

UNIFORM CONSTRUCTION CODE (UCC)
-Demolition Permit Application-
Residential or Commercial (Please Circle One)

Location of Proposed Demolition

Street Address

City

Parcel ID/Tax Map#

Lot Size

Owner/Applicant Information

Name

Phone Number

Email

Business Name

Mailing Address

City

State

Zip

Description of building or structure to be demolished (including use and number of stories)

Demolition Contractor Information-Must provide signed contract agreement

Name

Phone Number

Email

Mailing Address

City

State

Zip

Signatures of Owner & Authorized Agent

Date