

Land Operations Permit Application

Borough of Dormont
1444 Hillsdale Ave
Pittsburgh, PA. 15216
412-561-8900



*Applications that are completely filled-out and with the required supporting documents
will be processed in the order they are received.*

PROPERTY OWNER INFORMATION

Property Address _____

Property Owner _____

Owner Address _____ Zip Code _____

Owners Phone Number _____

CONTRACTOR INFORMATION

Contractor _____ Contact Name _____

Contractor Address _____ Zip Code _____

Contractor Phone Number _____

Contractor must attach a copy of their insurance certificate.

PROJECT INFORMATION

Address where the work will occur:

Is the project in a landslide prone overlay district: Yes No

Existing use of property: _____

Proposed use of site: _____

Estimated start date: / / Cost of Project: \$ _____

Select the type(s) of work from the following categories:

Excavation Fill Surface Mining Vegetation Removal Paving Other

Project Description: _____

NATURE AND EXTENT OF OPERATION

Area of job site/lot (sq. ft.): _____ Area of proposed project (sq. ft.): _____

Is the project on a slope of 25% or more? Yes No

GRADING/EXCAVATION/FILL

Estimated Quantity of:

Excavation (cu. yds.) _____

Fill (cu. yds.) _____

Area of:

Excavation (sq. ft.) _____

Fill (sq. ft.) _____

Type of material: _____

Maximum change in ground surface elevation (ft.): _____

Depth at deepest point either fill or excavation (ft.): _____

Will the project involve the excavation below grade for basement, cellar or foundation? Yes No

Will the project involve the excavation below grade for swimming pool or other? Yes No

Surface Mining:

Estimated quantity of surface mining (cu. yd.): _____

Type of material to be mined: _____

Removal of trees, vegetation or other natural ground cover

Area of paving (sq. ft.): _____

Description of vegetation removal: _____

Hard surface or paving

Area of paving (sq. ft): _____

Type of paving material: _____

TRANSPORTATION OF MATERIAL

Estimated quantity of material to be transported over city streets for disposal purposes (cu. yds.):

Proposed route of transport: _____

Proposed times of operation (including times of transportation and movement of material)

	Day	Start Date	Finish Time
<input type="checkbox"/>	Sunday		
<input type="checkbox"/>	Monday		
<input type="checkbox"/>	Tuesday		
<input type="checkbox"/>	Wednesday		
<input type="checkbox"/>	Thursday		
<input type="checkbox"/>	Friday		
<input type="checkbox"/>	Saturday		

Note: Approval times are between the hours of 7:00 AM to 10:00 PM

