



**HOMESTEAD BOROUGH**  
**221 East Seventh Avenue**  
**Homestead, PA 15120**  
**Phone: (412) 461-1340 Fax: (412) 461-4057**

## BUILDING PERMIT APPLICATION

**PLEASE PRINT- APPLICANT TO COMPLETE THIS SIDE OF APPLICATION ONLY.**

### PROPERTY & OWNER INFORMATION

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lot Area: \_\_\_\_\_ sq. ft. Parcel ID: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ward: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Work involved for bldg. permit (if any) or former use for occ. permit: \_\_\_\_\_  
 \_\_\_\_\_  
 Proposed use of property: \_\_\_\_\_  
 \_\_\_\_\_

### STRUCTURE DESCRIPTION

Height of main structure Existing- Stories \_\_\_\_\_ Feet \_\_\_\_\_ Proposed- Stories \_\_\_\_\_ Feet \_\_\_\_\_  
 Height of proposed addition/extension Proposed- Stories \_\_\_\_\_ Feet \_\_\_\_\_  
 Height of accessory structure Existing- Stories \_\_\_\_\_ Feet \_\_\_\_\_ Proposed- Stories \_\_\_\_\_ Feet \_\_\_\_\_  
 Is building currently occupied? [ ] Yes [ ] No If no, how long has structure been vacant? \_\_\_\_\_  
 Current sewage facilities: [ ] Public [ ] Septic Tank Water facilities: [ ] Municipal [ ] Well

### DWELLING UNITS (Please indicate with a number for each type of unit in structure)

	Efficiencies	1-Bedroom	2-Bedroom	3-Bedroom	4 or more	Total
Existing	_____	_____	_____	_____	_____	_____
Proposed	_____	_____	_____	_____	_____	_____

### PARKING

Number of parking stalls (min. 9' x 18') Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Number of handicap parking stalls (min. 13' x 20') Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Number of van accessible stalls Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Number of loading spaces Existing \_\_\_\_\_ Proposed \_\_\_\_\_

### FLOOR AREA (Non-residential use only)

Floor area for non-residential use: Gross Area Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Net Area Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Number of fixed seats in building \_\_\_\_\_

### CONTRACTOR / DESIGN PROFESSIONAL INFORMATION (If applicable)

GENERAL CONTRACTOR	ARCHITECT	ENGINEER
Name _____	_____	_____
Address _____	_____	_____
City/Zip _____	_____	_____
Phone _____	_____	_____
Fax _____	_____	_____

**ESTIMATED COST OF CONSTRUCTION: \$** \_\_\_\_\_

### APPLICANT INFORMATION

I certify that I am the  Owner  Lessee  Agent  Contractor  Purchaser  
 Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TENANT INFORMATION (If different from applicant)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I the undersigned owner or authorized agent for the above referenced property, certify that all statements and data furnished with this application are true and correct.*

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

(rev. 02/07/22)

**BOROUGH USE ONLY**

**ZONING**

Zoning District \_\_\_\_\_

Type of Proposed use \_\_\_\_\_

Type of Permit \_\_\_\_\_

**Overlay Districts**

Historic District [ ]  
Flood Plain [ ]

Occupancy \_\_\_\_\_ Structure \_\_\_\_\_

Code: 1=New 2=Change 3=Enlargement  
4=Continuation 5=Reinstatement

Occupancy [ ]  
Alteration [ ]  
Extension/Addition [ ]  
New Building [ ]

Use Reference Section No. \_\_\_\_\_

THIS OCCUPANCY IS FOR: \_\_\_\_\_

**APPROVALS / DISAPPROVAL**

( ) This application is **DISAPPROVED** for Zoning by: \_\_\_\_\_ Date: \_\_\_\_\_  
Variance \_\_\_\_\_ Special Exception \_\_\_\_\_ Review \_\_\_\_\_

This application is **authorized in whole or in part by:**

( ) Zoning Hearing Case No. \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

**Planning Commission**

( ) Conditional Use No. \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) Subdivision No. \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) Site Plan No. \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) **HARB BOARD** \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) **Borough Council** \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) Ordinance No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

( ) Subject to the following conditions: \_\_\_\_\_

( ) This application is **APPROVED FOR ZONING** by: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING PERMIT**

**VIOLATION NOTICES**

Dangerous Cond. [ ]  
Occupancy Vio. [ ]  
Property Maint. [ ]  
Condemned [ ]

**CONSTRUCTION TYPE**

I [ ] II [ ] III [ ] IV [ ] V [ ]  
A [ ] B [ ]

**IBC/ IRC USE GROUP**

A [ ] B [ ] E [ ] F [ ] H [ ] I [ ]  
M [ ] R [ ] S [ ] U [ ]  
1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

**CONSTRUCTION CODE** 2018 IBC [ ] IRC [ ] IEBC [ ]

**SPRINKLERED** Yes [ ] No [ ]

BUILDING PERMIT WORK: \_\_\_\_\_

THIRD PARTY REVIEW AGENCY \_\_\_\_\_ DATE: \_\_\_\_\_

	<b>FEES</b>	<b>PERMIT NO.</b>	<b>DATE ISSUED</b>
<b>ESTIMATED COST OF WORK</b>	Occupancy \$ _____	_____	_____
	Commercial Bldg. \$ _____	_____	_____
	Residential Bldg. \$ _____	_____	_____
	Accessibility Insp. \$ _____	_____	_____
	Energy Insp. \$ _____	_____	_____
<b>TOTAL SQ. FT. OF FLOOR AREA</b>	Plan Fee \$ _____		
	Scanning Fee \$ _____		
	Document Storage \$ _____	<b>INVOICE NO.</b>	_____
	PA UCC Fee \$ _____		
	Penalty \$ _____		
	Convenience Fee \$ _____		
	<b>TOTAL FEE</b> \$ _____	<b>CHECK NO.</b>	_____

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING CODE OFFICIAL**