



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

## Residential Occupancy Permit Application

### PROPERTY OWNER INFORMATION

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lot Area: \_\_\_\_\_ sq. ft. Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ward: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

### STRUCTURE DESCRIPTION

Size of Building: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Floor Area: \_\_\_\_\_ sq. ft.  
 Number of parking stalls (minimum 9' x 18'): \_\_\_\_\_  
 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 UNIT INFORMATION:

1 or 2- Family Dwelling: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of parking stalls on property (9' x 18' Minimum): \_\_\_\_\_  
 Are any of the following accessory structures on property? Fence: Height: \_\_\_\_\_ Type: \_\_\_\_\_ Location: \_\_\_\_\_  
 Detached Garage: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Location: \_\_\_\_\_  
 Storage Shed: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Location: \_\_\_\_\_  
 Above Ground Swimming Pool: Diameter: \_\_\_\_\_ Height: \_\_\_\_\_ Location: \_\_\_\_\_  
 Inground Swimming Pool: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Location: \_\_\_\_\_  
 Hot Tub: Size: \_\_\_\_\_ Location: \_\_\_\_\_

### APPLICANT INFORMATION

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

### TENANT INFORMATION (If different from applicant)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

*Application is hereby made for permission to occupy the premises above described for the purpose herein stated. If such use complies with the provisions of all laws and ordinances and a certificate of occupancy is issued, it understood by the applicant that the said certificate will authorize only the use stated in this application and such use may not legally be extended or changed without authorization through a new Certificate of Occupancy. 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

### FEE SCHEDULE

Occupancy Permit Fee	\$75.00
Scanning Fee	\$4.00
Document Storage Fee	\$3.00
<b>TOTAL OF ALL FEES</b>	<b>\$82.00</b>

### BOROUGH USE ONLY

Zoning District: \_\_\_\_\_ Overlay District: \_\_\_\_\_ Occupancy Classification & Use: \_\_\_\_\_

Zoning Reference Section No. \_\_\_\_\_ Occupancy approved for: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Zoning Officer

Permit Number: \_\_\_\_\_ Invoice Number: \_\_\_\_\_ Check Number: \_\_\_\_\_