



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

## Commercial Occupancy Permit Application

### PROPERTY OWNER INFORMATION

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

### STRUCTURE DESCRIPTION

Size of Building: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Floor Area: \_\_\_\_\_ sq. ft.  
 Fire Alarm? \_\_\_\_\_ Fire Sprinkler System? \_\_\_\_\_ Knox Box? \_\_\_\_\_ Security System? \_\_\_\_\_  
 Alarm Monitoring Company Name: \_\_\_\_\_  
 Number of parking stalls (minimum 9' x 18'): \_\_\_\_\_ Number of handicap parking stalls (minimum 13' x 20'): \_\_\_\_\_  
 Is building currently occupied? [ ] Yes [ ] No If no, how long has structure been vacant? \_\_\_\_\_  
 Current sewage facilities: [ ] Public [ ] Septic Tank Water facilities: [ ] Municipal [ ] Well  
 Current Use of Structure: \_\_\_\_\_

### DWELLING UNIT INFORMATION: 3 UNITS OR GREATER (if applicable)

Number of	Efficiencies	1-Bedroom	2-Bedroom	3-Bedroom	4 or more	Grand Total
_____	_____	_____	_____	_____	_____	_____

### PROPOSED USE OF STRUCTURE

\_\_\_\_\_  
 \_\_\_\_\_

### 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	\$160.00
Scanning & Document Storage Fees	\$8.00
<b>TOTAL OF ALL FEES</b>	<b>\$168.00</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: \_\_\_\_\_