



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

1 or 2- Family Dwelling 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.
 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	\$80.00
Scanning Fee & Document Storage Fee	\$8.00
TOTAL OF ALL FEES	\$88.00

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: _____