



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

**STREET CLOSING PERMIT**

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of application: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCATION INFORMATION**

**NAME OF STREET TO BE CLOSED** (include cross streets):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF CLOSING: \_\_\_\_\_ APPROXIMATE TIME PERIOD FOR CLOSING: \_\_\_\_\_

REASON FOR CLOSING: \_\_\_\_\_

<b>FEE SCHEDULE</b>		
Number of Days Street Will Be Closed	_____ X \$150.00 per day =	\$
Scanning Fee & Document Storage Fees		\$8.00
<b>TOTAL OF ALL FEES</b>		\$

**(FOR BOROUGH USE ONLY)**

Permit Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Building Code Official/Zoning Officer

Permit No. \_\_\_\_\_ Invoice No. \_\_\_\_\_ Check No. \_\_\_\_\_