



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

COMMERCIAL PARKING PRIVILEGE LICENSE APPLICATION

BUSINESS/TENANT LOCATION

Address: _____ Zoning District: _____ Ward: _____
City: _____ State: _____ Zip Code: _____ Parcel ID: : _____ - _____ - _____
Establishment Name:: _____ Phone: () _____
Email: _____ Fax: () _____

LICENSE YEAR: 2025

PROPERTY OWNER

Owners Name: _____ Email: _____
Mailing Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

CORPORATE ENTITY/BILLING INFORMATION

Name: _____ Email: _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

Check one ☐ Corporation ☐ Partnership ☐ Individual

CERTIFICATION

I hereby verify that the facts contained in the forgoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of PA C.S. §4904 (relating to unsworn falsification to authorities).

I acknowledge that this tax is **due and payable by January 31st** of each calendar year. A late penalty of 10% will be assessed for payments made after the due date; along with an interest payment of 0.5% per month for each month in arrears.

I further acknowledge that no statements, guarantees or promises of non-prosecution, either expressed or implied, have been made by any Borough employee or agent.

Signature

Print Name

Date

Title/Position

FEE SCHEDULE

| | |
|--|-----------|
| Number of Parking Spaces _____ multiply by \$30.00 per Parking Space (enter amount in next column) | \$ |
| If no individual spaces are assigned, calculate number of stalls by formula below: Gross floor area of building or tenant space ÷ 200 = Number of stalls _____ (Round up to whole number) multiply by \$30.00 per Parking Space (enter amount in next column) | \$ |
| 10% Late Penalty (if payment is made after January 31 st) | \$ |
| 0.5% Interest Per Month (for each month in arrears after January) | \$ |
| Scanning Fee & Document Imaging Fee | \$4.00 |
| TOTAL OF ALL FEES | \$ |

Permit No. _____ **Invoice No.** _____ **Check No.** _____

Approved by: _____ **Date:** _____

BUILDING CODE OFFICIAL