



HOMESTEAD BOROUGH

221 East Seventh Ave
Homestead, PA 15120-1511
Phone: 412-461-1340
Fax: 412-461-4057
www.homesteadborough.com

OFFICERS

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Lloyd Cunningham

VICE PRESIDENT
Mary Nesby

MAYOR
John R. Burwell

TAX COLLECTOR
Yvonne Owens

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COUNCIL MEMBERS

DaVaughn Baker
Minister Connie Burwell
Jou-Al Burwell
Lloyd Cunningham
Mary Nesby
Duane Schulte
Henry White

December 19, 2025

Dear Sir/Madam:

Please be advised that some of our forms and fees have changed for 2026. We have enclosed a copy of each form for your convenience. You can also find these forms on our website at www.homesteadborough.com.

If you have any questions regarding these forms or wish to verify if you have a valid certificate of occupancy, you can call Dan Hankins in the Community Development office at 412-461-1340, ext. 104 or dhankins@homesteadborough.com. Submission of incorrect forms and/or fees will be returned.

The fee for an occupancy permit for one or two-family residences is \$100.00; all other types of occupancy permits are \$190.00. Zoning Certification letters are \$55.00. Dye Test Certification letters are \$60.00. **Dye tests must be completed by any Allegheny County registered master plumber; their name, signature and H.P. registration number are required on the application.** If a dye test has been completed within the past five (5) years, it can be recertified for a \$35.00 fee.

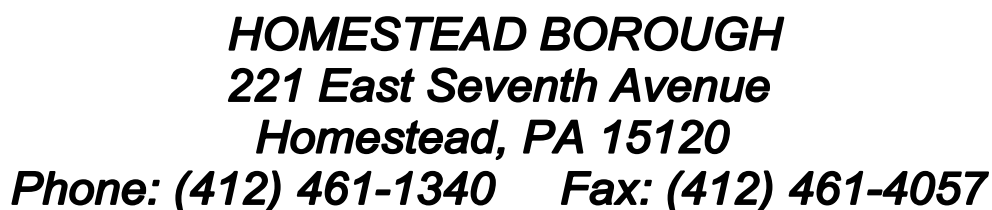
Also, remember you need a municipal lien letter which is \$70.00 (separate check required) and a tax certification which is \$30.00 (separate check required payable to Homestead Borough Tax Collector). Failure to send in the appropriate applications and fees will delay the issuance of your permits and certifications.

Thank you for your kind attention to this matter.

Sincerely,

Daniel C. Hankins
Building Code Official/Zoning Officer

Enclosures



ADDRESS TO BE CERTIFIED

Address to be certified: _____

Owner of record: _____ Phone: () _____

Owner's address: _____ State: _____ Zip Code: _____

☐ Vacant building ☐ Vacant land ☐ Other

Describe current use of property (i.e. 1-family dwelling, restaurant, clothing store, etc).

Number of residential dwelling units with cooking and sanitary facilities:

Number of dwelling facilities other than above: Describe:

Address:

Name of owner/ agent (please print)

City: _____ State: _____ Zip: _____

Signature

DIRECTION FOR FILING

PLEASE COMPLETE THE ABOVE INFORMATION IN FULL. All information must be complete and accurate for processing. Enclose a self-addressed stamped envelope and remit **\$55.00 application fee.**

RETURN TO: Homestead Borough, Code Enforcement, 221 East Seventh Ave., Homestead, PA 15120

(DO NOT WRITE BELOW THIS SECTION- BOROUGH USE ONLY)

This property is located in a “ ”, District

Certificate of Occupancy No. _____ dated _____ has been issued for:

[]	No Certificate of Occupancy has been issued for the stated use.
[]	The stated occupancy is in accordance with the provisions of the Zoning Ordinance and qualifies as a conforming use; however, this does not assure the issuance of a permit.
[]	The stated occupancy is not in accordance with the provisions of the Zoning Ordinance, but qualifies as a legal non-conforming use.
[]	The stated occupancy is not in accordance with the provisions of the Zoning Ordinance and is illegal.
[]	No occupancy is stated for the subject property; therefore, legality of use cannot be certified to.

NOTICE! This is not a Certificate of Occupancy. A Certificate of occupancy can only be issued after the owner has filed the application and both the zoning and building code regulations have been complied with. A certificate number must be issued in order to validate this application

In accordance with Act of Assembly No. 652, approved September 20, 1961

[] There are no notices on file with the Bureau of Building Inspection against this property.
 [] There are notices on file for violations and/or dangerous conditions.

This is not to be considered as clearance that this property is legally occupied or that the structure meets all of the requirements of the building code unless a Certificate of Occupancy has been applied for and issued by the Bureau of Building Inspection.

CERTIFICATE NO. _____ Invoice No. _____ Check No. _____

Date issued:

Building Code Official/ Zoning Officer



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DYE TEST CERTIFICATION

PROPERTY INFORMATION

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

TESTING FIRM INFORMATION

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

Date of Test: ____ / ____ / ____

Type of Test: ☐ Dye ☐ Smoke ☐ Video

Test Results: ☐ Fail (smoke or dye present;
complete the following
items below)

☐ Pass (no smoke or dye present)

Number of downspouts connected to sanitary sewer: _____

Number of area drains connected to sanitary sewer: _____
(Fresh air vents in paved areas must be raised a minimum of 2" if water can drain into them.)

Type of Remedial Action

Date of Removal

☐ Drained to dry well (rock sump)

____ / ____ / ____

☐ Drained to Borough Storm Sewer

____ / ____ / ____

☐ Other (Must be pre-approved by Borough)

____ / ____ / ____

I, a registered master plumber in Allegheny County, hereby certify that the above referenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in the Homestead Code of Ordinances, Chapter 18, Part 8, Dye Testing and that no violations exist.

Date: ____ / ____ / ____ Allegheny County Health Department Registration Number: **HP-** _____

Print Name

Signature

FEE SCHEDULE

Dye Test Fee	\$55.00
Scanning Document Storage Fee	\$5.00
TOTAL OF ALL FEES	\$60.00

(DO NOT WRITE BELOW THIS LINE- BOROUGH USE ONLY)

Permit No. _____

Invoice No. _____

Check No. _____

The Document of Certification for this property was issued this date: ____ / ____ / ____

Homestead Borough Building Code Official



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	\$90.00
Scanning Fee & Document Storage Fee	\$10.00
TOTAL OF ALL FEES	\$100.00

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: _____



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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 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	\$180.00
Scanning & Document Storage Fees	\$10.00
TOTAL OF ALL FEES	\$190.00

BOROUGH USE ONLY

Zoning District: _____ **Overlay District:** _____ **Occupancy Classification & Use:** _____

Zoning Reference Section No. _____ **Occupancy approved for:** _____

Approved by: _____ Date: _____

Permit Number: _____ **Invoice Number:** _____ **Check Number:** _____