



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 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: _____