



**HOMESTEAD BOROUGH**  
**221 East Seventh Avenue**  
**Homestead, PA 15120**

**Phone: (412) 461-1340 Fax: (412) 461-4057**

**CURB CUT & DRIVEWAY CONNECTION PERMIT**

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Ward: \_\_\_\_\_  
Owners Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
Date of Application Signature

**DRIVEWAY INFORMATION**

Width of driveway opening or curb cut: \_\_\_\_\_ Lineal feet Driveway Grade: \_\_\_\_\_ %  
Will there be any change in the grade of the Street Right-of-Way? ☐ No ☐ Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**DIRECTIONS FOR FILING**

1. Complete this application in its entirety. Failure to do so will cause your application to be returned.
2. Submit survey or plot plan indicating the location of the curb cut.
3. Remit the appropriate fee: Curb cut- \$10.00 per lineal foot or \$50 minimum; Driveway openings: Residential- \$50.00; Commercial- \$120.00

**ADDITIONAL INFORMATION / REQUIREMENTS**

1. A street opening or sidewalk permit is also required if the proposed curb cut will disturb areas of the sidewalk, concrete curb or a Borough paved right-of-way.
2. Applicants must notify the Borough a minimum of twenty-four (24) hours prior to the start of grading for a pre-inspection.
3. Applicant must contact the Building Inspection office after work has been completed for a final inspection.

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

PERMIT NO. \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_

SCANNING/DOCUMENT STORAGE FEE: \$ **\$10.00**

Location approved: \_\_\_\_\_  
Public Works

TOTAL FEE: \$ \_\_\_\_\_

Issued: \_\_\_\_\_  
Building Code Official/Zoning Officer

Date: \_\_\_\_\_