



**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: \_\_\_\_\_

#### FEE SCHEDULE

Number of Days Street Will Be Closed _____ X \$175.00 per day =	\$
Scanning Fee & Document Storage Fees	\$10.00
<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. \_\_\_\_\_