



PLEASE PRINT- APPLICANT TO COMPLETE THIS SIDE OF APPLICATION ONLY.

Property Address: _____ Date: _____
 Space Number: _____ Parcel ID: _____ - _____ - _____ Ward: _____
 Owners Name: _____
 Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____ Fax: () _____

Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____ Fax: () _____

Partial occupancy as follows:

Describe in detail the remaining work to be completed including all interior, exterior, outside parking, landscaping or any other work.
(Attach separate page if necessary)

INTERIOR WORK: _____ 20 _____ EXTERIOR WORK: _____ 20 _____
 LANDSCAPING AND PARKING AREA IMPROVEMENTS: _____ 20 _____
 TOTAL WORK COMPLETED AS ORIGINALLY APPLIED FOR: _____ 20 _____

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

Deponent, being duly sworn, says they are the:

- ☐ Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct.
- ☐ Authorized agent for the owner of record of the property for which this application is made and as such has express authority to bind such owner to all terms and conditions of any occupancy permit issued pursuant to this application, and that all statements and data furnished with this application are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public

Applicant (signature)

Applicant (printed)

THIS IS NOT A PERMIT. BEFORE THE SUBJECT PROPERTY CAN BE USED AS APPLIED FOR, A TEMPORARY CERTIFICATE OF OCCUPANCY (VALID FOR THE INTERIM PERIOD APPROVED) AND/OR A FINAL OCCUPANCY PERMIT (UPON EXPIRATION OF THE TEMPORARY CERTIFICATE) MUST BE SECURED FROM THE HOMESTEAD BOROUGH BUILDING INSPECTION DEPARTMENT.

THE APPROVAL OF THIS APPLICATION BY THE HOMESTEAD BOROUGH ZONING OFFICER DOES NOT MEAN THE PROPOSED USE COMPLIES WITH ANY ORDINANCE, BUILDING CODE OR LAW; OTHER THAN THE HOMESTEAD BOROUGH ZONING ORDINANCE.

ZONING

Zoning District: _____
Occupancy or Building Permit No.: _____ **Date:** _____
Temporary Certificate of Occupancy to be issued for:

for a period of _____ **months** or _____ **days**.

Conditions for issuance (if any exist):

This application is **APPROVED FOR ZONING** by: _____ **Date:** _____
Homestead Borough Zoning Officer

BUILDING INSPECTION

Is this a valid request? ☐ **Yes** ☐ **No**, explain below:

Are the following inspections required for **Final Occupancy Permit** approval?

- | | | |
|--|------------------------------|-----------------------------|
| Electrical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mechanical (HVAC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sprinkler | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plumbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen Exhaust Hood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Occupancy Placard | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Energy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessibility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site Plan (parking, landscaping, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Permit Number: _____	Permit Fee:	\$ _____ 90.00
Invoice Number: _____	Plan Review Fee:	\$ _____
Check Number: _____	Document Storage & Scanning Fee:	\$ _____ 10.00
Expiration Date: _____	Grand Total:	\$ _____

Approved by: _____ **Date:** _____
Zoning Officer