



**HOMESTEAD BOROUGH**  
**221 East Seventh Avenue**  
**Homestead, PA 15120**  
**Phone: (412) 461-1340 Fax: (412) 461-4057**

**COMMERCIAL PARKING LOT PRIVILEGE TAX APPLICATION**

**BUSINESS/TENANT LOCATION**

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

**LICENSE YEAR: 2021**

**PROPERTY OWNER**

Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**CORPORATE ENTITY/BILLING INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Check one  Corporation  Partnership  Individual

**CERTIFICATION**

I hereby verify that the facts contained in the forgoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of PA C.S. §4904 (relating to unsworn falsification to authorities).

I acknowledge that this tax is **due and payable by January 31<sup>st</sup>** of each calendar year. A late penalty of 10% will be assessed for payments made after the due date; along with an interest payment of 0.5% per month for each month in arrears.

I further acknowledge that no statements, guarantees or promises of non-prosecution, either expressed or implied, have been made by any Borough employee or agent.

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name Title/Position

**FEE SCHEDULE**

Number of Parking Spaces _____ multiply by \$25.00 per Parking Space (enter amount in next column)	\$
<b>If no individual spaces are assigned, calculate number of stalls by formula below:</b> Gross floor area of building or tenant space ÷ 200 = Number of stalls _____ (Round up to whole number) multiply by \$25.00 per Parking Space (enter amount in next column)	\$
10% Late Penalty (if payment is made after January 31 <sup>st</sup> )	\$
0.5% Interest Per Month (for each month in arrears after January)	\$
Scanning Fee	\$2.00
Document Imaging Fee	\$1.50
<b>TOTAL OF ALL FEES</b>	<b>\$</b>

**Permit No.** \_\_\_\_\_ **Invoice No.** \_\_\_\_\_ **Check No.** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BUILDING CODE OFFICIAL**