



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

Application for Occupancy and/or Building Permit

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

PROPERTY & OWNER INFORMATION

Property Address: _____ Date: _____
 Lot Area: _____ sq. ft. Parcel ID: : _____ - _____ - _____ Ward: _____
 Owners Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____
 Work involved for bldg. permit (if any) or former use for occ. permit: _____

 Proposed use of property: _____

STRUCTURE DESCRIPTION

Height of main structure Existing- Stories _____ Feet _____ Proposed- Stories _____ Feet _____
 Height of proposed addition/extension Proposed- Stories _____ Feet _____
 Height of accessory structure Existing- Stories _____ Feet _____ Proposed- Stories _____ Feet _____
 Is building currently occupied? Yes No If no, how long has structure been vacant? _____
 Current sewage facilities: Public Septic Tank Water facilities: Municipal Well

DWELLING UNITS (Please indicate with a number for each type of unit in structure)

	Efficiencies	1-Bedroom	2-Bedroom	3-Bedroom	4 or more	Total
Existing	_____	_____	_____	_____	_____	_____
Proposed	_____	_____	_____	_____	_____	_____

PARKING

Number of parking stalls (min. 9' x 18') Existing _____ Proposed _____
 Number of handicap parking stalls (min. 13' x 20') Existing _____ Proposed _____
 Number of van accessible stalls Existing _____ Proposed _____
 Number of loading spaces Existing _____ Proposed _____

FLOOR AREA (Non-residential use only)

Floor area for non-residential use: Gross Area Existing _____ Proposed _____
 Net Area Existing _____ Proposed _____
 Number of Employees _____ Number of fixed seats in building _____

CONTRACTOR / DESIGN PROFESSIONAL INFORMATION (If applicable)

	GENERAL CONTRACTOR	ARCHITECT	ENGINEER
Name	_____	_____	_____
Address	_____	_____	_____
City/Zip	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____

ESTIMATED COST OF CONSTRUCTION: \$ _____

APPLICANT INFORMATION

I certify that I am the Owner Lessee Agent Contractor Purchaser
 Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____

TENANT INFORMATION (If different from applicant)

Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____

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 (rev. 9/18/15)

BOROUGH USE ONLY

ZONING

Zoning District _____

Type of Proposed use

Type of Permit

Overlay Districts

Historic District []
Flood Plain []

Occupancy _____ Structure _____

Code: 1=New 2=Change 3=Enlargement
4=Continuation 5=Reinstatement

Occupancy []
Alteration []
Extension/Addition []
New Building []

Use Reference Section No. _____

THIS OCCUPANCY IS FOR: _____

APPROVALS / DISAPPROVAL

() This application is **DISAPPROVED** for Zoning by: _____ Date: _____
Variance _____ Special Exception _____ Review _____

This application is **authorized in whole or in part by:**

() Zoning Hearing Case No. _____ Approved () Denied () Date: _____

Planning Commission

() Conditional Use No. _____ Approved () Denied () Date: _____

() Subdivision No. _____ Approved () Denied () Date: _____

() Site Plan No. _____ Approved () Denied () Date: _____

() **HARB BOARD** _____ Approved () Denied () Date: _____

() **Borough Council** _____ Approved () Denied () Date: _____

() Ordinance No. _____ Effective Date: _____

() Subject to the following conditions: _____

() This application is **APPROVED FOR ZONING** by: _____ Date: _____

BUILDING PERMIT

VIOLATION NOTICES

Dangerous Cond. []
Occupancy Vio. []
Property Maint. []
Condemned []

CONSTRUCTION TYPE

I [] II [] III [] IV [] V []
A [] B []

IBC/ IRC USE GROUP

A [] B [] E [] F [] H [] I []
M [] R [] S [] U []
1 [] 2 [] 3 [] 4 [] 5 []

CONSTRUCTION CODE 2009 IBC [] IRC []

SPRINKLERED Yes [] No []

BUILDING PERMIT WORK: _____

THIRD PARTY REVIEW AGENCY _____ DATE: _____

	FEES	PERMIT NO.	DATE ISSUED
ESTIMATED COST OF WORK	Occupancy \$ _____	_____	_____
	Commercial Bldg. \$ _____	_____	_____
	Residential Bldg. \$ _____	_____	_____
	Accessibility Insp. \$ _____	_____	_____
	Energy Insp. \$ _____	_____	_____
TOTAL SQ. FT. OF FLOOR AREA	Plan Fee \$ _____	_____	_____
	Scanning Fee \$ _____	_____	_____
	Document Storage \$ _____	INVOICE NO. _____	_____
	PA UCC Fee \$ _____	_____	_____
	Penalty \$ _____	_____	_____
	TOTAL FEE \$ _____	CHECK NO. _____	_____

Approved by: _____ Date: _____

BUILDING CODE OFFICIAL