

456 West Eighth Avenue West Homestead, Pennsylvania 15120

Building Permit Application: Residential

Property Address:	Date:
Lot Area:square feet Parcel ID:	
Owners Name:	
Address:	
City:	
Structure Description	
Height of main stucture Existing- StoriesFeet	Proposed- StoriesFeet
Height of proposed addition/extension	Proposed- StoriesFeet_
Height of accessory stucture Existing- StoriesFeet	Proposed- StoriesFeet_
Is building currently occupied?	Date:
Lot Area:square feet Parcel ID:	
Owners Name:	Phone: ()
Address:	State: Zip Code:
Work involved for building permit:	

Office Hours: Monday - Friday 8:00am - 4:00pm Telephone: 412-461-1844 Fax: 412-461-0630

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Person :			Phone: ()
s:			Fax: ()
			email:
actor Information			
tor Name :			
#			
()	_		
s:			Fax: ()
			email:
d: Sheds may be no r	more than 144 squ	are feet in size and mu	nt) under a separate application.
d: Sheds may be no reser than 3 feet to any si	more than 144 squade or rear property	are feet in size and mus	nt) under a separate application.
cd: Sheds may be no reser than 3 feet to any since to removal. (Further reway: Driveways meaver way must be in matching.)	more than 144 squade or rear property restrictions may ap ust be paved in coing material to exis	are feet in size and must line and no taller than ply.) ncrete or asphalt and n ting driveway. If existin	nt) under a separate application. st be in the rear of the property 15 feet. Sheds placed in easements may be may be no wider than 24 feet in width. Expans
ed: Sheds may be no reser than 3 feet to any sign to removal. (Further reway: Driveways moved matching the sed 1 inch above drivewed: Fences may be in ards, and 4 feet from from	more than 144 squared or rear property restrictions may apust be paved in coing material to exist any surface. (Furtherstalled up to the property line of house to so. Corner lots may	are feet in size and must line and no taller than ply.) ncrete or asphalt and n ting driveway. If existin er restrictions may appl coperty line. Fences ma the right-of-way line.	nt) under a separate application. st be in the rear of the property 15 feet. Sheds placed in easements may be may be no wider than 24 feet in width. Expans g fresh air vent is present, the fresh air vent r ly.) ay be no more than 6 feet in height in rear and Finished side of fence must face out. Fences
ct: Sheds may be no reser than 3 feet to any sign to removal. (Further reway: Driveways moved a linch above driveways and 4 feet from frostrict vision in front yards er restrictions may apply	more than 144 squade or rear property restrictions may appress to exist any surface. (Further stalled up to the property line of house to so. Corner lots may y.)	are feet in size and must line and no taller than ply.) ncrete or asphalt and noting driveway. If existing restrictions may applate the right-of-way line. Finot have fences that restrictions are strictly as the restriction are strictly as the res	nt) under a separate application. st be in the rear of the property 15 feet. Sheds placed in easements may be may be no wider than 24 feet in width. Expans g fresh air vent is present, the fresh air vent r ly.) ay be no more than 6 feet in height in rear and Finished side of fence must face out. Fences estrict vision at intersections.
cet: Sheds may be no reser than 3 feet to any sign to removal. (Further reveway: Driveways moved a linch above driveway: Tences may be in ards, and 4 feet from frostrict vision in front yards er restrictions may apply the restrictions may apply the lining wall: Retain in the series of the series of the line in the line i	more than 144 squade or rear property restrictions may appear to exist the payed in cooking material to exist any surface. (Further extalled up to the propert line of house to so the control of the property.) It walks and patios of the payer.	are feet in size and must line and no taller than ply.) ncrete or asphalt and noting driveway. If existing restrictions may apply apply to perty line. Fences may the right-of-way line. For not have fences that results are feet do not require a perfect that results are the results and the payed in conclusions.	nt) under a separate application. st be in the rear of the property 15 feet. Sheds placed in easements may be may be no wider than 24 feet in width. Expans g fresh air vent is present, the fresh air vent r ly.) ay be no more than 6 feet in height in rear and Finished side of fence must face out. Fences estrict vision at intersections.
ed: Sheds reser than 3 fect to removal reway: Direway must be sed 1 inch above ards, and 4 festrict vision in the restrictions rewalk / Parer restrictions	nay be no ret to any single for the ret to any single for the ret from from front yards may apply atio: Sides may apply	nay be no more than 144 squaret to any side or rear property. (Further restrictions may apprive ways must be paved in come in matching material to exist pove drive way surface. (Furthers as may be installed up to the prefer from front line of house to a front yards. Corner lots may so may apply.) atio: Sidewalks and patios is may apply.)	atio: Sidewalks and patios must be paved in conds may apply.)

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Please describe work to be performed and include location of work on current survey.				
All work must be done in accordant Pennsylvania One Call (811) for uti	nce with the ordinances of West Homestead Bo lity locate prior to performing any excavation v	prough. The applicant must perform work.		
	Applicant name (print)		
Date of Application:	Applicant signature: _			
Borough Use only				
Application accepted:	Date:			
Floodplain: Yes / No	Airport Overlay District: Yes / No			
Permit Type.	Permit cost			
Permit No	Invoice No.	Check No.		
Permit Issued by:		Date:		

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Building Code Official/Zoning Officer

Statement of Truth

Commonwealth of Pennsylvania County of Allegheny

Deponent, t	peing duly sworn, says they are	the:
Owner of record of the property for which	n this application is made, and that	all the statements and data
furnished with this application are true and c	correct.	
Authorized agent for the owner of record	of the property for which this appli	cation is made and as such has
express authority to bind such owner to all te		
data furnished with this application are true a		
Applicant (signature)	A marking make for which and the	 :
Applicant (signature)	Applicant (printed)	
Sworn to and subscribed before me this	day of	20
Signature of Notary Public		

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PERMIT APPLICATION

Page 1 of _____

BUILDING PERMIT]	ELECTRICA	L PERI			
Municipality	County	Tax Parc	el	_	•	
Construction Site Location			Date R	eceived		
Owner		Tenant				
Address		Address				
	Phone#		7.	in	Phon	e#
Front Yard Ft. (Front o		ine) Describe	oronoseo	-r I work i	n detail	
Rear Yard Ft. (Rear of			proposoc	2 WOIK I	ii detaii	
Side Yard Ft. Side Yard						
State Classification: New Commercia	1 Other Commer	oial N	ew Reside	ential	Other D	esidential
	other commen	T .			Other R	esideithai
BUILDING PERMIT		ELECTRIC		RMIT		
Contractor (if owner, put same nam	a shawa	Contractor	c.	F		
Address	le above)	Address	(L	r owner, put	same name above)	
City State	Zip	City			State	Zip
Phone Cell		Phone			Cell	
Fed Employee No.		Fed Employee				
(Certificate of Insurance for Workers Compe		(Certificate of			s Compensation r	eeded or
signed exemption f Estimate of total costs for all work	orm)	Estimate of total			mption form)	
Total square feet: Use Group	Type Construction	Estimate of too	u costs ioi	r an work		
No. of Stories: Height of S	trype consultention	Technical Site				
Description of work:		Data No.	Size		Items	
				Lighting	Fixtures	
. 9				Recepta	cles	
Type of work:				Switche	_	
Alterations/Additions of:	Square Ft.		T 770	Detector		_
() Roofing - Total square feet			HP		Motor-Fraction	
() Fencing, supply height if it exceeds 6 for	ot				nication Devices Devices/Systems	
() Sign - Total Square feet					ncy & Exit Light	2
/ \ Dool Total Comment foot				Pool Bo		J
() Decks - Total Square feet			,		Service	
() Demolition - Total Square feet					Sub-Panels	
() Accessibility					Feeders	
Other:					rd Heater	
				Dryer R	eceptacle	0.1 5: 1
	`		ige		vasheral A/C Units	Garbage Disposal
I hereby acknowledge that I have read th	is application and state the		1001	Signs	at AVC OHIES	
above is correct to comply with all Munic				Digital	Survey Fee	
laws regarding construction.	•	Others:				
Signature:						
Owner () Contractor () Owner	Representative ()	Signature:	()0) Owner Repres	
, , , , , , , , , , , , , , , , , , ,	**************************************	Own	er () Con	illactor () Owner Repres	entative ()
BUILDING CODE OFFICIAL USE ONI		ELECTRICAL				
Plans Approved Plans Approved	with Comments				proved with Co	mments
UCC Building Fee:		UCC Electrical				
Plan Review Fee:		Plan Review Fee				
Admin. Fee:		Admin. Fee:				
State Fee:		State Fee:				
Total Cost:		Total Cost:				
Code Official: State C	ert.#	Code Official:			State Cert.#	
Date Issued:		Date Issued:			1	COPYRIGHTED

PERMIT APPLICATION

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MECHANICAL P	ERMIT	PLUME	BING PERMIT		
Municipality	County	Tax Pa			
Construction Site L	ocation			đ	
Owner		Tonont			
Address					
The second secon	ip Phone#	State	7:-	DI	h = = ##
Describe proposed r	rode in details	State	Z1p	P	none#
Describe proposed v	work in detail:				
State Classification	: New Commercial Other Com	nmercial	New Residential	Othe	er Residential
MECHANICAL I	PERMIT		ING PERMIT		
Contractor	(if owner, put same name above)	Contractor			
Address	ti owner, put same name above)	A dásono	(if owner, pa	it same name ab	ove)
City	State Zip	Address	(II UWASA, pr	Ctata	7:_
Phone	Cell	Phone		Cell	Zip
Fed Employee No.		Fed Employ		Cell	
	e for Workers Compensation needed or		e of Insurance for Work	ers Compensati	ion needed or
•	signed exemption form)	(Conditions		emption form)	
Estimate of total costs for	or all work	Estimate of	total costs for all wor	k	
Technical Site		Technical S		Technical	
Data No.	Fixture/Equipment	Data No.	Items	Data No.	Items
•	Water Heater		Water Closet		
	Fuel Oil Piping		Urinal/Bidet		Interceptor/Separator
	Gas Piping		Bath tub		Backflow preventer
	Steam Boiler		Lavatory		Grease trap
	Hot Water Boiler		Shower		Sewer Connection
	Hot Air Furnace		Floor drain		Sewer Pump
	Oil Tank		Sink		Stacks
	LPG Tank		Dishwasher		Solar
	Fireplace		Drinking fountai	n	
	Hydronic Piping		Washing Machin	ie	
	Appliances		Hose Bibb		
	Solar		Water Heater		
	Heat Pump		Fuel Oil Piping		
	Fire Dampers		Gas Piping		
	Exhaust Hood Sys.		Steam Boiler		
	HVAC		Hot Water Boiler		
Others:			Water Service Co		
		Others:	Water Borvioc CC	MICCHOIL	
					<u> </u>
Signature:		Signature:			
Owner () Co	ntractor () Owner Representative ()		wner () Contractor () Owner Rej	presentative ()
MECHANICAL CODE	OFFICIAL USE ONLY	PLUMBING	BUILDING CODE	OFFICIAL	USE ONLY
Plans Approved	Plans Approved with Comments	_ Plans Approv	ed Plans A		Comments
JCC Mechanical Fee:		UCC Plumbin	ng Fee:	11	
Plan Review Fee:		Plan Review	Fee:		
Admin. Fee:		Admin. Fee			
State Fee:		State Fee:			
Fotal Cost:		Total Cost:			
Code Official:	State Cert.#		:	State Cert #	£
Date Issued:		Date Issued	•	J. J	
		~uiv 199000.			COPYRIGHTED

PERMIT APPLICATION

Page 1 of ____

FIRE PROTECTION PERMIT	r			
Municapality		Lot#	Block	Tax Parcel
Construction Site Location	· · · · · · · · · · · · · · · · · · ·		Date Received	
Owner				
Address				
State Zip	Dhone#	Ctata	74.	Dhana#
Describe proposed work in data:	1 HORO#	State	z.ip	Fnone#
Describe proposed work in detail				
State Classification: New Comme	rcialOther Comm	nercial	New Residential	Other Residential
FIRE PROTECTION PERMI	T			
Contractor		_		
(if owner, put same	name above)			
AddressSta	ite 7in	- '		
Phone (ncZip Pell			
Fed Employee No.				
(Certificate of Insurance for Workers Con	npensation needed or	=		
sign exemption				
Estimate of total costs for all work		_		
Technical Site Data:				
Method of Alarm/Supr. Sys Supervised		-		
Storage Tanks: Type - () Flammable Liquid ()	Combinatible I invid	-1		
() LPG () LNG Capacity_		1		
Alarm Systems () 110V Interconnec		-		
() System	ivu	1		
() = ,				
No. ITE	M	1		
Alarm devices (smoke	e, heat, pulls, waterflow)			
	tampers, low/high air)			
Signaling devices (ho				
Fire pump GP				
Dry pipe/Alarm valve				
Sprinkler heads (dry &	k wet)	1		
Standpipes Wet chemical or Dry of	-haminal			
Circle one: CO2 suppression-Foam su				
Others:	ppression-maion suppression			
<u> </u>		-		
Estimate of total costs for all work		- I		
Signature:		-1		
Owner () Contractor () Ow	mer Reresentative ()			
		-		
CODE OFFICIAL U	SE ONLY			
Plans Approved Plans Approv				
UCC Fire Protection Fee:		1		
Plan Review Fee:		1		
Admin. Fee:				
State Fee:				
Total Cost:				
	e Cert.#			
Date Issued:	COPYRIGHTED			