



Borough of West Homestead
456 West Eighth Avenue
West Homestead, Pennsylvania 15120

Building Permit Application: Residential

Property & Owner Information

Property Address: _____ Date: _____
Lot Area: _____ square feet Parcel ID: _____ - _____ - _____
Owners Name: _____ Phone: (____) _____
Address: _____ email: _____
City: _____ State: _____ Zip Code: _____

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? _____ Date: _____
Lot Area: _____ square feet Parcel ID: _____ - _____ - _____
Owners Name: _____ Phone: (____) _____
Address: _____ State: _____ Zip Code: _____

Work involved for building permit: _____

Proposed use of property: _____

Applicant Information (if different from owner)

Name of Applicant : _____
Contact Person : _____ Phone: (____) _____
Address: _____ Fax: (____) _____
City: _____ State: _____ Zip Code: _____ email: _____

Contractor Information

Contractor Name : _____
License # _____ Contact Person: _____
Phone: (____) _____
Address: _____ Fax: (____) _____
City: _____ State: _____ Zip Code: _____ email: _____

Certificate of Insurance including Workman's Compensation Policy must be attached.

Zoning Certificates are required for items listed below (new or replacement) under a separate application.

- Shed:** Sheds may be no more than 144 square feet in size and must be in the rear of the property no closer than 3 feet to any side or rear property line and no taller than 15 feet. Sheds placed in easements may be subject to removal. (Further restrictions may apply.)
- Driveway:** Driveways must be paved in concrete or asphalt and may be no wider than 24 feet in width. Expansion of driveway must be in matching material to existing driveway. If existing fresh air vent is present, the fresh air vent must be raised 1 inch above driveway surface. (Further restrictions may apply.)
- Fence:** Fences may be installed up to the property line. Fences may be no more than 6 feet in height in rear and side yards, and 4 feet from front line of house to the right-of-way line. Finished side of fence must face out. Fences may not restrict vision in front yards. Corner lots may not have fences that restrict vision at intersections. (Further restrictions may apply.)
- Sidewalk / Patio:** Sidewalks and patios must be paved in concrete, asphalt, or paver stones. (Further restrictions may apply.)
- Retaining Wall:** Retaining walls under 4 feet do not require a permit, only a Zoning Certificate. Retaining walls over 4 feet in height require a full building permit application and stamped engineer design drawings.
- Pools:** Pools may not be closer than 3 feet to any property line. A building / electrical permit is required for all pool installations.
- Other:** _____

Please describe work to be performed and include location of work on current survey.

All work must be done in accordance with the ordinances of West Homestead Borough. The applicant must perform a Pennsylvania One Call (811) for utility locate prior to performing any excavation work.

Date of Application: _____ Applicant name (print) _____
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: _____
Building Code Official/Zoning Officer

Statement of Truth

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 this application, and that all statements and data furnished with this application are true and correct.

Applicant (signature)

Applicant (printed)

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

Signature of Notary Public

PERMIT APPLICATION

BUILDING PERMIT

ELECTRICAL PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PERMIT APPLICATION

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

<p>MECHANICAL PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Technical Site Data No.</th> <th style="text-align: left;">Fixture/Equipment</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td></tr> <tr><td>_____</td><td>Gas Piping</td></tr> <tr><td>_____</td><td>Steam Boiler</td></tr> <tr><td>_____</td><td>Hot Water Boiler</td></tr> <tr><td>_____</td><td>Hot Air Furnace</td></tr> <tr><td>_____</td><td>Oil Tank</td></tr> <tr><td>_____</td><td>LPG Tank</td></tr> <tr><td>_____</td><td>Fireplace</td></tr> <tr><td>_____</td><td>Hydronic Piping</td></tr> <tr><td>_____</td><td>Appliances</td></tr> <tr><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Heat Pump</td></tr> <tr><td>_____</td><td>Fire Dampers</td></tr> <tr><td>_____</td><td>Exhaust Hood Sys.</td></tr> <tr><td>_____</td><td>HVAC</td></tr> </tbody> </table> <p>Others: _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site Data No.	Fixture/Equipment	_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping	_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace	_____	Oil Tank	_____	LPG Tank	_____	Fireplace	_____	Hydronic Piping	_____	Appliances	_____	Solar	_____	Heat Pump	_____	Fire Dampers	_____	Exhaust Hood Sys.	_____	HVAC	<p>PLUMBING PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Technical Site Data No.</th> <th style="text-align: left;">Items</th> <th style="text-align: left;">Technical Site Data No.</th> <th style="text-align: left;">Items</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Water Closet</td><td>_____</td><td>Interceptor/Separator</td></tr> <tr><td>_____</td><td>Urinal/Bidet</td><td>_____</td><td>Backflow preventer</td></tr> <tr><td>_____</td><td>Bath tub</td><td>_____</td><td>Grease trap</td></tr> <tr><td>_____</td><td>Lavatory</td><td>_____</td><td>Sewer Connection</td></tr> <tr><td>_____</td><td>Shower</td><td>_____</td><td>Sewer Pump</td></tr> <tr><td>_____</td><td>Floor drain</td><td>_____</td><td>Stacks</td></tr> <tr><td>_____</td><td>Sink</td><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Dishwasher</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Drinking fountain</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Washing Machine</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Hose Bibb</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Water Heater</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Gas Piping</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Steam Boiler</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Hot Water Boiler</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Water Service Connection</td><td>_____</td><td></td></tr> </tbody> </table> <p>Others: _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site Data No.	Items	Technical Site Data No.	Items	_____	Water Closet	_____	Interceptor/Separator	_____	Urinal/Bidet	_____	Backflow preventer	_____	Bath tub	_____	Grease trap	_____	Lavatory	_____	Sewer Connection	_____	Shower	_____	Sewer Pump	_____	Floor drain	_____	Stacks	_____	Sink	_____	Solar	_____	Dishwasher	_____		_____	Drinking fountain	_____		_____	Washing Machine	_____		_____	Hose Bibb	_____		_____	Water Heater	_____		_____	Fuel Oil Piping	_____		_____	Gas Piping	_____		_____	Steam Boiler	_____		_____	Hot Water Boiler	_____		_____	Water Service Connection	_____	
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FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

<p>FIRE PROTECTION PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or sign exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Technical Site Data:</p> <p>Water Supply Source _____</p> <p>Method of Alarm/Supr. Sys Supervised _____</p> <p>Storage Tanks:</p> <p>Type - () Flammable Liquid () Combustible Liquid () LPG () LNG Capacity _____ Fuel _____</p> <p>Alarm Systems () 110V Interconnected () System</p> <table border="0"> <thead> <tr> <th>No.</th> <th>ITEM</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Alarm devices (smoke, heat, pulls, waterflow)</td></tr> <tr><td>_____</td><td>Supervisory devices (tamper, low/high air)</td></tr> <tr><td>_____</td><td>Signaling devices (horns/strobes, bells)</td></tr> <tr><td>_____</td><td>Fire pump GPM Type _____</td></tr> <tr><td>_____</td><td>Dry pipe/Alarm valves</td></tr> <tr><td>_____</td><td>Sprinkler heads (dry & wet)</td></tr> <tr><td>_____</td><td>Standpipes</td></tr> <tr><td>_____</td><td>Wet chemical or Dry chemical</td></tr> </tbody> </table> <p>Circle one: CO2 suppression-Foam suppression-Halon suppression Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>		No.	ITEM	_____	Alarm devices (smoke, heat, pulls, waterflow)	_____	Supervisory devices (tamper, low/high air)	_____	Signaling devices (horns/strobes, bells)	_____	Fire pump GPM Type _____	_____	Dry pipe/Alarm valves	_____	Sprinkler heads (dry & wet)	_____	Standpipes	_____	Wet chemical or Dry chemical	
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