



# Borough of West Homestead

456 West Eighth Avenue  
West Homestead, Pennsylvania 15120

## Commercial Occupancy / Zoning Permit

### Property Information

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Vacant: Yes  No  If yes, Prior Use: \_\_\_\_\_ If no, Current Use: \_\_\_\_\_

Size of Building: Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Total Square Footage of Space: \_\_\_\_\_ Number of Parking Spots: (9ft x 20ft) \_\_\_\_\_

### Property Owner Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Applicant Information

Business / Tenant Name: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

What is the applicant's interest in this application  Owner  Agent  Lessee  Other \_\_\_\_\_

Description of Proposed use: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Approximate Number of Customers Daily: \_\_\_\_\_ Move in Date: \_\_\_\_\_

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature

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

**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

**Borough Use only**

**Date Received:** \_\_\_\_\_

Floodplain: Yes / No

Airport Overlay District: Yes / No

Permit Type. \_\_\_\_\_

Permit cost. \_\_\_\_\_

Permit No. \_\_\_\_\_

Invoice No. \_\_\_\_\_

Check No. \_\_\_\_\_

Permit Issued by: \_\_\_\_\_  
Building Code Official/Zoning Officer

Date: \_\_\_\_\_