



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

Grading Permit Application

Project Name Location

Property Address: _____ Zoning District : _____
Total Acreage of the Project Site _____ Parcel ID: _____ - _____ - _____
Associated Subdivision or Land Development, if any: _____

Applicant Information

Name: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip Code: _____ Fax: (____) _____
E-mail address _____

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

_____ Date of application _____ Signature

Characteristics of Earth Disturbance Activity

1. Area of grading, filling or excavation (sq. ft.): _____
2. Maximum depth of cut: _____
3. Maximum depth of fill: _____
4. New impervious surface (sq. ft.): _____
5. The proposed grading is within the limits of a floodplain or impacts wetlands: Yes No
6. State or Federal Permits Received, where applicable (attach copies): _____

7. Location of off-site borrow or fill operations, if applicable): _____

Required Submission Items:	Copies	Yes	N/A
1. Completed Application	2		
2. Map, Plans, and Documents as Required	2		
2a. Grading Plans	2		
3a. E&S Plans	2		
4a. Stormwater Plans	2		
5a. Required Reports and/or Documentation	2		
3. Electronic Copies of all Documents (PDF and DWG files)	1		
4. Conservation District Approval Letter & NPDES Permit			
5. Chapter 105 Permit			
6. Application Fee			

NOTE: An administratively incomplete application will be returned to applicant. An application will be considered administratively incomplete unless or until the appropriate fee and review deposit are paid in full, and all plans and documentation required by the Grading Ordinance and the Borough are submitted to the Zoning Officer.

Statement of Truth

Applicant: Individual Partnership Corporate Agent of Property Owner

I Hereby certify that all the above information and submitted documentation is true and correct.

Signature

Printed Name

Date

Borough Use only

Fee: \$ _____

Application accepted: _____ Date: _____

Application Fee Amount _____ Date Paid: _____

Review Fee Deposit _____ Date Paid: _____