

**Commercial Occupancy/zoning Permits**  
 Application for Temporary or Final Zoning Approval for Occupancy and Use  
 And Certificate of Use and Occupancy

**Borough of Jefferson Hills**

925 Old Clairton Road  
 Jefferson Hills, Pa 15025  
 Phone: 412-655-7760  
 Fax 412-655-3143

Permit # \_\_\_\_\_

New Structure     Existing Structure     Temporary Structure     Temporary Approval     Final Approval

Final Inspection \_\_\_\_\_ Sewage Account # \_\_\_\_\_ Rte \_\_\_\_\_ Customer # \_\_\_\_\_  
 Dye Test # \_\_\_\_\_ Dye Test Date: \_\_\_\_\_ Building Permit # \_\_\_\_\_

**PROPERTY ADDRESS:**

Block/Lot No: \_\_\_\_\_

Tenant Space #: \_\_\_\_\_

Plan/Subdivision: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**PROPERTY OWNER NAME:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**TENANT NAME:**

**BUSINESS NAME:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

What was Prior Occupancy/Use?

Description of Proposed Use:

Move-in Date: \_\_\_\_\_

Sq. Footage of Space: \_\_\_\_\_

Are you leasing?     Yes     No

What Type of Occupancy is Requested: \_\_\_\_\_

**FEE:**                      New or Existing Structure

**PAID: \$**

    Temporary: \$

    Final: \$

Temporary Structure - \$

CHECK NO & Bank Name/CASH REC. NO.

*Check payable to BOROUGH OF JEFFERSON HILLS*

\_\_\_\_\_  
 OWNER OR AUTHORIZED AGENT FOR OWNER

DATE: \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME

Building Code Official \_\_\_\_\_ Date Approved \_\_\_\_\_