



BOROUGH OF FOREST HILLS

2071 Ardmore Boulevard
Pittsburgh, PA 15221
OFFICE: 412-351-7330
FAX: 412-351-7337
www.foresthillspa.org

ZONING USE / OCCUPANCY PERMIT APPLICATION

Applicant Name: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Property Address and Location: _____ Estimated Cost: _____

Property Owner: _____ Phone: _____

Block / Lot No.(s): _____

Proof of Ownership/Legal Interest: _____

(Provide copy of deed, lease, sales agreement or other contract proving interest in property if not the owner as shown in the Allegheny County Assessment Office Records.)

Owner Mailing Address (if different than the property address): _____

Nature of Improvements / Use Description *(Attach narrative if necessary)*: _____

Is a building permit being sought in connection with this property? Y/N: _____ Status: _____

(Show all structures and the distance from each property line in the box below)

NOTE: A property survey may be required

ZONING USE / OCCUPANCY PERMIT APPLICATION

Permanent occupancy permits will not be issued until construction / improvements are complete and all fees paid.

I/We hereby certify that all of the above information is true and correct to the best of my/our knowledge. The undersigned agrees to pay all applicable fees and deposits required in accordance with Borough ordinances and resolutions.

Date: _____ Applicant Signature _____



OFFICE USE ONLY

Date Application Filed: _____ Filed With: _____

Application Fee Paid _____ Date Paid: _____

Administratively Complete: _____ Date: _____

Construction / Improvements Complete: _____ Date: _____

Permit #: _____ Date Issued: _____ Date Expired: _____