

# COMMERCIAL OCCUPANCY/ZONING PERMITS

*APPLICATION FOR TEMPORARY OR FINAL ZONING APPROVAL FOR OCCUPANCY AND USE  
AND CERTIFICATE OF USE AND OCCUPANCY*

BOROUGH OF WEST MIFFLIN  
1020 Lebanon Road  
West Mifflin, PA 15122  
Phone 412.466.8170 FAX 412.466.8173

OFFICE USE
CASE NO. _____

<input type="checkbox"/> TEMPORARY APPROVAL  <input type="checkbox"/> FINAL APPROVAL	<input type="checkbox"/> NEW STRUCTURE Submit 4 prints and 1 electronic copy of as-built survey <input type="checkbox"/> EXISTING STRUCTURE  <input type="checkbox"/> TEMPORARY STRUCTURE
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<b>PROPERTY ADDRESS:</b>  Block/Lot No: _____	Tenant Space # _____
<b>Name of Business:</b> _____	Zoning District: _____

**PROPERTY OWNER NAME:** \_\_\_\_\_

Address: _____	City: _____	State: _____	Zip: _____
Business Phone: _____	Cell Phone: _____		

**TENANT NAME:** \_\_\_\_\_

Address: _____	City: _____	State: _____	Zip: _____
Business Phone: _____	Cell Phone: _____	FAX: _____	

What was Prior Occupancy/Use?	Description of Proposed Use:
Sq. footage of Space: _____	Are you Leasing? <input type="checkbox"/> YES <input type="checkbox"/> NO

What Type of Occupancy is Requested: <i>Group</i> B    Office A-1   Theaters A-2   Restaurant A-3   Churches/Community Halls/Exhibition Halls M    Retail Sales E    Educational R-1   Motels/Boarding Houses	I-1   Res. Boarding & Care/Assisted Living/Group Homes I-2   Hospitals/Nursing Homes/Mental Hospital I-3   Prisons/Jails/Reformatory/Correctional Centers I-4   Day Care Facilities F-1   Dry Cleaning/Food Processing/Furniture/Bakeries S-1   Storage of Aerosols/Cardboard/Lumber/Tires/Repair Garages S-2   Storage of Bag Cement/Frozen Foods/Glass Bottles/Gypsum Board/Metal Parts
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**CONTRACTOR (S) NAME:** (complete only if building permit was issued) \_\_\_\_\_

Address _____	City _____	State _____	Zip _____
Business Phone: _____	Cell Phone: _____		

Type of Principal Land Use:    Commercial    Other principal building    Other principal structure    Garage

Estimated Cost of Construction: \$ \_\_\_\_\_

