

# Zoning Permit Application

Borough of Wilkinsburg  
605 Ross Avenue  
Pittsburgh, PA 15221  
412-244-2923



Non-Refundable Application Fee: \$40.00

## ZONING NEW BUSINESS APPLICATION

New Business Information Lot & Block No: \_\_\_\_\_

Zoning District? \_\_\_\_\_

Is the proposed use permitted within the Zoning District: Yes \_\_\_ No \_\_\_

Use Group \_\_\_\_\_

Change of Occupancy Use: Yes \_\_\_ No \_\_\_

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

Applicant name: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant address: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Building Owners Information**

Property owner name: \_\_\_\_\_

Phone: \_\_\_\_\_

Property owner address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **New Business Information**

Current/prior use of the building/land: \_\_\_\_\_

Proposed use of the building/land: \_\_\_\_\_

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Description of Business or Services you are providing:

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Name of Business: \_\_\_\_\_

Number of Employees: # \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Scope of Proposed Work to be performed (Check all that apply):

- Change in use with no work  Interior Structural Changes (moving, opening and/or penetrating walls)  No Change in Use  Exterior Renovations  Sprinkler Work  Partial Change in Use  Electrical Work  Fire Alarm Work  Complete change in use  Mechanical Work  Other

Description of Renovations/Repairs:

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**Building; Mechanical or Electrical Permits may be required depending on scope of work proposed. Please contact the Code Department to find out the type of permits and/or building plans/drawings needed for changes you are making to your business space.**

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Wilkinsburg Borough regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904, relating to unsworn falsification to authorities. I certify that the information provided as part of this application is correct. I understand that I am to abide by the Borough of Wilkinsburg Building/Zoning regulations and must obtain any permits and/or approval from the Allegheny County Health Department if applicable.

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Applicants Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

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**For internal use only – to be completed by Code Department**

I hereby certify that this application complies with the Ordinances of Wilkinsburg Borough, Pennsylvania, and approve the issuing of this Permit for same.

Zoning District \_\_\_\_\_ Lot & Block \_\_\_\_\_ Zoning Hearing Y / N \_\_\_\_\_

Zoning: Approved / Disapproved

Zoning Officer's Signature \_\_\_\_\_ Date of Approval/Disapproval \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_