COMMERCIAL OCCUPANCY/ZONING PERMITS
(TRANSFER OF PROPERTY)

BOROUGH OF WEST MIFFLIN

1020 Lebanon Road
West Mifflin, PA 15122
Phone 412.466.8170 FAX 412.466.8173

OFFICE USE

CASE NO.

☐ AS IS SALE ☐ FINAL APPROVAL

PROPERTY ADDRESS:	Tenant Space #
Block/Lot No:	
Name of Business:	Zoning District:

CURRENT OWNER / SELLER'S NAME:

Mailing Address:	City:	State:	Zip:
Business Phone:	Cell Phone:		
Email:			

BUYER'S NAME:

Mailing Address:	City:	State:	Zip:
Business Phone:	Cell Phone:		
Email:			

What was Prior Occupancy/Use?	Description of Proposed Use:
Sq. footage of Space:	Are you Leasing? ☐ YES ☐ NO

What Type of Occupancy is Requested:

Group

- 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

***FEE**: $200.00 Includes the first two inspections*

****If a third inspection is required, an additional fee of $50.00 will need to be submitted prior to scheduling.***

PAID: $_____

CHECK NO. & BANK NAME/CASH REC. NO: _____
(make check payable to *Borough of West Mifflin)*

APPLICANT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Owner(s) or authorized agent for the Owner(s) of the above-described property (or if said Owner or authorized agent for the Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct, that the accompanying as-built plot plan (for new construction only) truly and correctly represents the above-described property and all existing structures and physical improvements thereon, for which this application is made.

Sworn to and subscribed before me this_____day of_____, 20_____

_____ _____
NOTARY OWNER OR AUTHORIZED AGENT FOR OWNER

_____
PRINT NAME

BUYER'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Tenant(s) of the above-described property (or if said Tenant is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct.

Sworn to and subscribed before me this_____day of_____, 20_____

_____ _____
NOTARY TENANT OR AUTHORIZED AGENT FOR TENANT

_____
PRINT NAME