



**DEPARTMENT OF CITY PLANNING  
DEVELOPMENT ADMINISTRATION AND REVIEW (ZONING)**

Office of the Zoning Administrator

200 ROSS STREET ♦ THIRD FLOOR ♦ PITTSBURGH ♦ PENNSYLVANIA ♦ 15219

**ZONING APPLICATION**

The Zoning Application **can be** used for the following:

- New Construction of a 1-Family or 2-Family Dwelling;
- Repairs, Alterations, Additions to, and/or Extensions of either a 3-Family or larger Residential Dwelling or a Non-Residential Structure.

**PROPERTY OWNER/APPLICANT INFORMATION**

Property Owner Name:		Phone Number: (    )	
Address:	City:	State:	Zip Code:
Applicant/Company Name:		Phone Number: (    )	
Address:	City:	State:	Zip Code:
Applicant/Contractor ID: (assigned by the City)			

**PROJECT INFORMATION**

**Address where Work will Occur:** \_\_\_\_\_

**Location of Work:** \_\_\_\_\_

**If a Certificate of Occupancy exists, the following is required:**

Certificate of Occupancy#: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Existing Use of Property: \_\_\_\_\_

Estimated Construction: Start Date: / / Occupancy Date: / / Project Cost: \$

**Check the appropriate structure type:**

<input type="checkbox"/> Residential, 1-Family Dwelling	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> Residential, 2-Family Dwelling	
<input type="checkbox"/> Residential, 3-Family or Larger Dwelling	

**Select the Type(s) of Work from the following categories:**

<input type="checkbox"/> <b>New Construction of:</b>	<input type="checkbox"/> <b>Addition to or</b> <input type="checkbox"/> <b>Extension of:</b>	<input type="checkbox"/> <b>Alteration or</b> <input type="checkbox"/> <b>Repair Type:</b>
<input type="checkbox"/> 1-Family Dwelling Structure	<input type="checkbox"/> Existing Primary Use Structure	<input type="checkbox"/> Structural, Interior <input type="checkbox"/> Structural, Exterior
<input type="checkbox"/> 2-Family Dwelling Structure	<input type="checkbox"/> Existing Accessory Structure	<input type="checkbox"/> Aesthetic, Interior <input type="checkbox"/> Aesthetic, Exterior

**New Certificate of Occupancy is Needed**

**Describe the Work:** \_\_\_\_\_

**Provide the Square Footage (sq. ft.) of each of the items listed below, even if the answer is zero:**

Lot Area: _____	Existing Structure to be Retained: _____
Building Footprint: _____	Retained Space to be Renovated/Altered: _____
Existing Structure to be Razed: _____	New Structure to be Constructed: _____

Provide the Structure Height(s):	EXISTING		PROPOSED	
	Stories	Feet	Stories	Feet
Main Structure				
Proposed Addition/Extension				
Accessory Structure:				
Accessory Structure:				
Accessory Structure:				

**On-Site Parking:** New Total Number of Spaces After Work is Complete: \_\_\_\_\_  N/A

**Please check any of the following items that will be part of the proposed work:**

<input type="checkbox"/> Demolition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Protection/Sprinklers
<input type="checkbox"/> HVAC (Interior)	<input type="checkbox"/> HVAC (Exterior)	<input type="checkbox"/> Commercial Cooking Hood	<input type="checkbox"/> N/A

**Please check** the following items that pertain to any work proposed on private plumbing:  
(i.e. plumbing between a public sewer or water line and a building, including plumbing inside the building).

Repair or Replace Existing Plumbing     New Construction of Plumbing     No plumbing work is proposed

**Applicant will be applying for Visitability Tax Credit?**     Yes     No