



**COMMERCIAL
BUILDING PERMIT APPLICATION**

SWATARA TOWNSHIP

599 EISENHOWER BLVD., SWATARA, PA 17111

Tel: 717-564-2551 Fax: 717-564-5895

Date of application: _____

Property Owner: _____

Property Location: _____

Name of Development: _____ Lot Number _____

Contact Information (Person notified to pick up permit) _____

Phone No. _____

Type of Review Requested: Accessibility Building (Check all that apply)

Third Party Review required for Electrical, Plumbing, Mechanical/Energy and Sprinkler
Township requires 1 copy of all stamped third party approved plans prior to issuance of permit.

Type of Proposed Work: New commercial structure Footer/Foundation only

Interior alterations of existing tenant space Interior build out of new space

Describe proposed work in detail: _____

Type of heat _____	Number of Bathrooms _____
Sanitary Sewer system yes no	Roof Material _____
Public Water yes no	Size of building _____
Located in Flood plain yes no	Number of stories _____
Number of rooms _____	Code Design Year _____

*** Completed Commercial Building Application, Required Fees, and 2 sets of Design Professional Sealed Drawings are Due Upon Submission ***

General Contractor as listed on Workman's compensation insurance or notarized waiver:

Estimated value of construction: \$ _____

Signature of applicant _____

By signing this application I am certifying that all work will comply with the Uniform Construction Code and all other applicable adopted codes and ordinances for Swatara Township. I also certify that the facts and estimated values set forth in the application have been examined by me, and to the best of my knowledge are true, correct, and complete.

FOR TOWNSHIP USE ONLY	
TAX MAP PARCEL NO. _____	IS OWNER A LAW ENFORCEMENT WORKER OR JUDGE? _____
DATE OF COMPLETE SUBMISSION _____	WARD NO. _____
FEES PAID _____	
NOTES _____	