



RESIDENTIAL 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 permit: []New Construction []Addition/Alteration []Shed []Pool []Sign []Other

Describe proposed work in detail: _____

On lot sewage system yes no
Sanitary Sewer system yes no
Public Water yes no
Located in Flood plain yes no
Number of stories _____
Number of Bedrooms _____
Number of Bathrooms _____
Deck: Y or N Size _____
Enclosed Porch: Y or N
Finished basement: Y or N

Type of heat _____
Roof Material _____
Size of building _____
Square feet living _____
Square feet total _____
Square feet garage _____
Garage type: Attached Basement Detached
Fireplace: Y or N Fuel type _____
Is this lot greater than 1 acre Y or N
Square foot added by permit _____

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

Estimated value of construction: _____

PERMIT REQUIRES TWO (2) SETS OF CONSTRUCTION DRAWINGS

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. _____
DATE OF COMPLETE SUBMISSION _____
FEES PAID _____
NOTES _____

IS OWNER A LAW ENFORCEMENT
WORKER OR JUDGE? _____
WARD NO. _____