

Swatara Township
BUILDING CODE DEPARTMENT
 599 Eisenhower Blvd.
 HARRISBURG, PA 17111
 Phone: 717-564-2551 Fax: 717-564-5895
 www.swataratwp.com

COMMERCIAL APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

All Information Must be Completed and Printed Legibly

Site Address _____	Tax Parcel # _____
Owner of record _____	Day Time Phone _____
Mailing Address _____	City _____ State _____

Applicant if not owner _____	Phone _____	Email _____
Tenant if applicable _____	Phone _____	Email _____
General Contractor _____	Phone _____	Email _____
Address _____	City _____	State _____
Architect or Engineer _____	Phone _____	Email _____
Code Design Year _____	CONTRACTOR BUSINESS PRIVILEGE LICENSE: _____	

TYPE OF IMPROVEMENT Check All That Apply

- Plumbing*
 Electrical*
 Mechanical *
 Demolition*
 Public Sidewalk*
 Addition
 Sign
 Alteration
 Foundation Only
 Change of Use
 New Construction
 Relocation
 Other _____ * Does NOT require a Zoning Permit

Describe the proposed work in detail: _____

ESTIMATED COST OF CONSTRUCTION \$ _____

Cost of construction subject to verification by the Building Official based on current ICC valuation tables.

LOT DIMENSIONS: (Check One) less than 1 acre Greater than 1 acre Lot size: _____

BUILDING DIMENSIONS: Stories Above Grade: _____ Below Grade: _____
 Height above Grade (Measured to mean height of roof): _____ Width: _____ Length: _____

BUILDING AREA: Existing (Sq. Ft.) _____ Proposed (Sq. Ft.) _____ Total (Sq. Ft.) _____

FLOODPLAIN: Is the site located within an identified flood prone area? (Check) Yes No
 Will any portion of the flood prone area be developed? (Check) Yes No

Note: If any construction or development will be within a flood prone area the proposed construction is required to be an engineered design. All plans are required to be signed and sealed by a registered design professional in PA and a flood elevation certificate must be attached.

TYPE(S) OF CONSTRUCTION: As determined per the International Building Code Check all that apply

- IA
 IB
 IIB
 IIIA
 IIIB
 IV
 VA
 VB

DOES THIS WORK INVOLVE AN EXISTING BUILDING?

Yes ↓ No

If yes, check the design path chosen: Chap. 34 of IBC International Existing Building Code ↓

If IEBC was used, what is the scope of work? Level 1 (Replacement) Level 2 (Reconstruction)

Level 3 (>50% Aggregate Building Area) Change of Occupancy Addition Relocated Building

DESCRIPTION OF BUILDING USE(S): IBC USE/OCCUPANCY CLASSIFICATION Check all that apply

- A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1
- H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M R-1
- R-2 R-3 Adult Care R-3 Child Care R-3 R-4 S-1 S-2 U

Describe Primary Use _____

Is this a change of Use? Yes No If Yes, Indicate Former use _____

Describe, in detail, the present and proposed use of the building or structure

Construction Details:

RESIDENTIAL USE GROUPS: Number of Units/Suites/Rooms _____ Number of Dwelling Units _____

PARKING: Number of off-street parking spaces: -Existing _____ Proposed _____

HVAC: Type of Heating/Ventilating/Air Conditioning System (i.e.: electric, gas, oil, etc.) _____

WATER SERVICE: (Check One) Public Private

SEWER: (Check One) Public Private

FIREPLACE(S): Number _____ Type of Fuel _____ Type Vent _____

NUMBER OF BATHROOMS:-Existing _____ Proposed _____

PARKING: Number of off-street parking spaces: Existing _____ Proposed _____

Handicap Accessible _____ Van Accessible Handicap _____

Total Occupancy Loads (Maximum): Existing: _____ Persons Proposed: _____ Persons

Total Number of Employees (Maximum): Existing: _____ Persons Proposed: _____ Persons

SPRINKLER SYSTEM Yes No **PRESSURE VESSELS** Yes No

ELEVATOR: Yes No **REFRIGERATION SYSTEMS** Yes No

BY SIGNING THIS APPLICATION I AM CERTIFYING THAT ALL WORK WILL COMPLY WITH THE UCC 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 AND CORRECT AND COMPLETE.

Signature of Applicant _____

Print/Type Name _____

Date _____

Signature of Owner _____

Print/Type Name _____

Date _____

FOR TOWNSHIP USE ONLY

FEE AMOUNT _____ PAID ON _____ CHECK # _____ CASH

COMPLETED SUBMISSION DATE _____ REVIEW DATE DUE _____

WORKMANS COMP INSURANCE BP LIC

NOTES: