UPI: 63-		
----------	--	--

SWATARA TOWNSHIP BUILDING AND CODES DEPARTMENT

RESIDENTIAL ZONING PERMIT APPLICATION

Property Address:	Property Owner:
Applicant/Contractor:	Applicant Phone Number:
Applicant Address:	
 All Applications must have Workers Compensa All Applications must have a Plot Plan attached 	tion Insurance COI or Waiver Affidavit attached. d showing the location of the proposed structure(s).
ACCESSORY STRUCTURES (* means does not need	a building permit; see our "FACT SHEETS")
This application is for the construction of an Accessory	Structure as defined in the Township Zoning Ordinance:
*Fence: lengthft. heightft.	material Is it a corner lot? Y N
*Shed, gazebo, detached carport or garage (< 400 sq. ft Structures over 400 sq. ft. also need a Building Permit;): Size $\underline{\qquad} x \underline{\qquad} = \underline{\qquad} \text{ sq. ft.}$ Prefab? Y N Max. size is 1,000 sq. ft. if property is less than 1 acre.
*Deck (not attached, < 30" above grade): Size	x = sq. ft. o need a Building Permit.
*Swimming Pool (holds < 24" of water): Size _ All other pools also need a Building Permit.	
*Driveway addition or expansion: Size x *Patio, sidewalk or other hardscape addition or expansion	=sq. ft. ATTACH I.C. WORKSHEET
NOTE: A Stormwater Management Permit will be need added to the property since December 2010.	ed if 1,000 sq. ft. of Impervious Surface area is being
Other Accessory Structure(s): describe	
The undersigned applicant hereby applies for a Zoning Perm Chapter 295. The permit will be issued by the Township Zon application and supporting documents. The applicant hereby	it as required by the Swatara Township Code of Ordinances ing Officer based on the information contained in this certifies that the information provided is true and correct. The Township Zoning Hearing Board. Any oversight or omission of the Ordinance and does not relieve the Applicant from
The applicant is responsible to pay the application	on fee of \$75.00 (Resolution 2018-01, as amended)
APPLICANT'S SIGNATURE:	DATE:
Township: Reviewed by:	Date: Form revised: 08/15/18