



**Swatara Township**  
599 Eisenhower Boulevard  
Harrisburg, PA 17111-2397  
[www.swataratwp.com](http://www.swataratwp.com)

**Building & Codes Department**  
Office Hours: Monday – Friday 8:00 AM – 4:30 PM  
Phone: 717-564-2551 Fax: 717-564-5895  
Email: [directorofpz@swataratwp.com](mailto:directorofpz@swataratwp.com)

All of the following must be submitted at the same time in order for an application to be complete and for the Township to begin the review process:

1. **APPLICATION** completed in full with the owner’s signature.
2. **SITE PLAN** drawing or satellite image of entire property clearly indicating existing structures, driveways, streets and alleys, parking spaces (9’x18’ minimum per space), and property lines.
3. **FLOOR PLAN** with dimensions showing all rooms and floors.
4. **FEE** – The \$75.00 permit fee must be submitted at time of application. Payment may be made by check, cash, or credit card. If paying by check, please make the check payable to “Swatara Township.” There is a 2.2% service fee for credit and debit card transactions. Fees are subject to change at any time by Resolution from the Board of Commissioners.

Site Address: \_\_\_\_\_

Tax Parcel ID: 63-\_\_\_\_\_ - \_\_\_\_\_. Note: you can find your property’s ID # here: [Dauphin County, PA Parcel Viewer](#)

Proposed Use (describe business as specifically as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|                      |       |          |
|----------------------|-------|----------|
| <b>OWNER</b>         |       |          |
| _____                |       |          |
| Owner’s Name (print) |       |          |
| _____                |       |          |
| Address              |       |          |
| _____                |       |          |
| _____                | _____ | _____    |
| City                 | State | Zip Code |
| _____                |       |          |
| Email                | Phone |          |

|  |       |          |
|--|-------|----------|
| <b>BUSINESS</b> <input type="checkbox"/> Same as owner |       |          |
| _____  |       |          |
| Business Name (print)                                  |       |          |
| _____  |       |          |
| Address  |       |          |
| _____  |       |          |
| _____  | _____ | _____    |
| City   | State | Zip Code |
| _____  |       |          |
| Email  | Phone |          |

What is the maximum occupancy of the building/unit/suite? \_\_\_\_\_

What is the total floor area of the building/unit/suite? \_\_\_\_\_ sq. ft. Total floor area being occupied? \_\_\_\_\_ sq. ft.

Is the location served by: Public Water?  Yes  No Public Sewer?  Yes  No

What hours/days of the week will the business operate? \_\_\_\_\_

What date do you propose to open for business? \_\_\_\_\_

Do you anticipate any renovations? Please describe: \_\_\_\_\_

In-Home Daycares: # of children being cared for who are not related to caregiver  1-3  4-6  7+  Not Applicable

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date