



**DIRECTIONS FOR COMPLETING THE APPLICATION**

1. Fill out the entire application. Print legibly or type the information. Sign and date the application. If the submitted application is not complete, the Township reserves the right to immediately deny the application and return it to the Applicant without the Planning Commission’s and Board of Commissioner’s review and action on the application.
  
2. **You must convincingly show, both in writing and through testimony, how your request meets the relevant criteria for granting the request.** Attach an appropriate written explanation that indicates how your request meets the criteria referenced in Section 295-19 and any use specific code sections of the Swatara Township Code. Attach appropriate drawings, plans, and/or illustrations which help explain your request. Fifteen (15) copies of the proposed plan, a minimum size of 18” x 24”, must be submitted with the application. All materials submitted with this application or entered as exhibits during the hearing become property of Swatara Township and are kept with this application.
  
3. The application and all additional materials submitted with the application must be original. The Township will not accept fax copies of any materials associated with this application.
  
4. The fee is currently \$750.00 plus all costs incurred over this amount by the Township for a conditional use application. The application fee must be paid in full at the time of application submission or else the application will not be accepted. Payment may be made by cash, check, or credit card. There is a 2.2% service fee for credit and debit card transactions.
  
5. The applicant is responsible for all costs incurred over the initial application fee and all costs must be paid in full prior to any approval and/or issuance of any certificates or permits. All fees are set by resolution by the Board of Commissioners and are subject to change at any time.
  
6. I have read and understand the directions:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**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)

Date Received: \_\_\_\_\_

Township File #: \_\_\_\_\_

Property address/location: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Current use of the property: \_\_\_\_\_

Proposed use of the property: \_\_\_\_\_

Is the property located in a floodplain, floodway, or other special flood hazard area?  Yes  No

Briefly describe the purpose of this application and reference the relevant sections of Chapter 295 of the Township Code (*please continue on a separate sheet of paper, if necessary*):

List all the names and addresses of the owners of all properties adjacent and across the street to the subject property (*please continue on a separate sheet of paper if necessary*)

**Name:**

**Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CONTACT INFORMATION**

**Applicant Information** (*contact person*):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

How do you wish to receive correspondence?  Email  Mail

**Property Owner Information**  Same as applicant

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

How do you wish to receive correspondence?  Email  Mail

**Other Contact Information**

Will the applicant(s) be represented by another person or counsel?  Yes  No

If yes, please provide the following:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

How do you wish to receive correspondence?  Email  Mail

**SIGNATURE**

I hereby authorize the Planning Commissioners, Board of Commissioners, Township staff, and any Township consultant to enter the exterior premises of this property between 8:00 AM and 8:00 PM, at their own risk, while this plan is being considered for approval, as needed to determine compliance with Township ordinances.

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

\_\_\_\_\_  
Date

I/We the undersigned applicant(s), do hereby make application to the Swatara Township Board of Commissioners for the purpose of considering a conditional use for the above referenced property pursuant to the Pennsylvania Municipalities Planning Code (Act 247 of 1968, as amended) and Chapter 295 of the Swatara Township Code, as amended. My/Our signatures below certify that all the above referenced statements and information and any additional information submitted and made part of this application are true and complete to the best of my/our knowledge and belief. By signing below, I also certify that I have read and understand the application procedures and agree to pay all fees required to review and process this application.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative (if different than owner)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date