



Swatara Township
599 Eisenhower Boulevard
Harrisburg, PA 17111-2397
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

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

1. **APPLICATION** – **one copy** of the application completed in full with the authorized representative's signature.
2. **FEE** – Permit fees must be submitted **at time of application**. The current fee is \$150.00. 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 2.95% service fee for credit and debit card transactions. Fees are subject to change at any time by Resolution from the Board of Commissioners.

Section A. General Information.

BUSINESS			

Business Name (print)			

Address			

_____	_____	_____	
City	State	Zip Code	
_____		_____	
Email	Phone		

APPLICANT <input type="checkbox"/> Same as Business			

Applicant's Name (print)			

Address			

_____	_____	_____	
City	State	Zip Code	
_____		_____	
Email	Phone		

This questionnaire is to be signed by an authorized representative of the business after adequate completion of this form and review of the information by the signing official.

I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fin and improvement for knowing violations.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Section B. Products & Service Information.

1. Provide a detailed description of food processes and/or service activities at the facility:

2. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

Shift start times: 1st _____ 2nd _____ 3rd _____

3. Hours of operation: _____ AM _____ PM Continuous

4. Number of customers served per day: _____

Number of seats in dining room: _____

Number of toilets on premises: _____

Gallons of water used per day: _____

5. North American Industrial Classification System Code(s) for your facility (7-digit NAICS):

6. Identify any federal, state, or local environmental permits that this facility has been issued:

Permit #	Issuing Agency	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Are any liquid wastes or solids/sludges from this facility disposed of by means other than discharge to the public system? Yes No

8. Please check the appropriate waste disposed of by the facility. For disposal method, the following may apply: onsite storage, offsite storage, onsite disposal, or offsite disposal.

	Gallons/Day	Lbs/Day	% Moisture	Disposal Method
<input type="checkbox"/> Acids and Alkalies	_____	_____	_____	_____
<input type="checkbox"/> Heavy Metal Sludges	_____	_____	_____	_____
<input type="checkbox"/> Inks/Dyes	_____	_____	_____	_____
<input type="checkbox"/> Oil and/or Grease	_____	_____	_____	_____
<input type="checkbox"/> Organic Compounds	_____	_____	_____	_____
<input type="checkbox"/> Paints	_____	_____	_____	_____
<input type="checkbox"/> Pesticides	_____	_____	_____	_____
<input type="checkbox"/> Plating Wastes	_____	_____	_____	_____
<input type="checkbox"/> Pretreatment Sludges	_____	_____	_____	_____
<input type="checkbox"/> Solvents/Thinners	_____	_____	_____	_____
<input type="checkbox"/> Other (Specify)	_____	_____	_____	_____

9. Provide the following information for haulers, if applicable:

<u>Name</u>	<u>Address</u>	<u>EPA/DEP ID #</u>	<u>Type of Waste</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section C. Grease/Oil Interceptor Information

- Description of kitchen equipment. Provide number of units:
Dishwashers: _____ Floor Drains: _____ Fryers: _____ Grills: _____
Garbage Disposals: _____ Ovens: _____ Sinks: _____
Other: _____
- Is a grease or oil interceptor present? Yes No
- Size of the grease/oil interceptor: _____ Gallons
- Location of grease/oil interceptor: _____
- Are chemicals, bacteria, or enzymes currently used in grease/oil interceptor? Yes No
If yes, attach material safety data sheets (MSDS) for all of the products used onsite.
- Frequency of cleaning grease/oil interceptor: _____
- Pounds of grease or oil used per year: _____
- Pounds of grease or oil removed per year: _____