



DIRECTIONS FOR COMPLETING THE APPLICATION

1. Fill out the entire application. Print legibly or type the information. Sign and date the application.
2. Submit the application to the Township’s Building and Codes Department with original signatures of the applicant and the owner. The application must contain written documentation for the proposal to amend, supplement, change, modify, or repeal the Swatara Township Zoning Ordinance and/or Zoning Map.
3. Attach appropriate drawings, plans, and/or illustrations, which help explain the request. Thirteen (13) 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 the property of Swatara Township and are kept with this application.
4. 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.
5. If the application submitted 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 the Board of Commissioner’s review and action on the application.
6. There is an application fee for an application to rezone and/or amend the Zoning Ordinance. The application fee must be paid in full at the time of application submission or else the application will not be accepted. The fee is currently \$1,250.00 plus all costs incurred over this amount by the Township. Payment may be made by cash, check, or credit card. There is a 2.95% service fee for credit and debit card transactions.
7. 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.
8. 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

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

Date Received: _____

Township File #: _____

PURPOSE OF THE APPLICATION: Text Amendment Map Amendment

Property address/location(s): _____

Tax Parcel Number(s): _____

Current Zoning District(s): _____

TEXT AMENDMENT APPLICATIONS

For applications to amend the Swatara Township Zoning Ordinance, the following information shall be provided:

1. Describe the purpose of this request: _____

2. Reference all relevant sections of Chapter 295: _____

3. Provide proposed replacement text in codified ordinance format.

MAP AMENDMENT APPLICATIONS

For applications to amend the Swatara Township Zoning Ordinance, the following information shall be provided:

1. Provide a complete legal description and surveyed plot plan of the property. The plot plan sheet shall be a minimum size of 18” x 24”. The legal description shall include a copy of the deed, if the landowner(s) are not present then a power of attorney for rezoning of said property.

2. Proposed Zoning District(s): _____

3. Describe the purpose of this request (*continue on a separate piece of paper, if necessary*): _____

4. Current use of the property: _____

5. Proposed use of the property (*if different from current use*): _____

ADDITIONAL INFORMATION FOR ALL APPLICATIONS

List the name, address, and tax parcel number of all property owners affected by this proposal (to include all properties adjacent, adjoining, contiguous, and across the street from the subject property that will be affected by this proposal). Continue on a separate piece of paper, if necessary.

Name: _____
Address: _____
Tax Parcel ID: _____

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Tax Parcel ID: _____

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Tax Parcel ID: _____

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Tax Parcel ID: _____

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/We the undersigned applicant(s), do hereby make application to the Swatara Township Board of Commissioners for the purpose of considering a petition to amend the zoning ordinance and/or zoning map 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

APPLICANT'S AFFIDAVIT

All applicants must complete this section. The form can be returned to the Township building during regular office hours Monday through Friday, 8:00 AM to 4:30 PM at:

Swatara Township
Building & Codes Department
599 Eisenhower Boulevard
Harrisburg, PA 17111

Applicant, being duly sworn, says he/she/it is: *(initial one)*

- the owner of the property in question.
- the authorized agent for the owner of record of the property for which the application is made. The owner's signature authorization to his/her/its agent to act on owner's behalf is required to be submitted.
- a person aggrieved.
- an officer or agency of the municipality.

The Applicant, the undersigned, hereby verifies that the statements made in this application, and all information and exhibits provided with this application, are true and correct to the best of applicant's knowledge or information and belief. The applicant acknowledges that the Township or its representatives have not provided any legal representation, and no opinion was rendered by the Township or its representatives as to the validity of the applicant's prospects for relief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Individual Applicant:

_____	_____
Print Applicant Name	Signature of Applicant

Address	Phone #

Partnership/Corporate Applicant:

Name of Partnership / Corporation	

By (print name of signer and title)	Signature of Applicant's Signer

(initials) Applicant is advised that he/she/it should seek independent legal advice and may or may not consult the Municipal Planning Code.