Swatara Township

Lebanon County, Pennsylvania

TOWNSHIP USE ONLY				
Permit #				
Date/	/			
Fees \$	Pd - Y/N			

Application for ZONING PERMIT

Zoning Officer: 800-257-2190 * Township: 717-865-4803 Zoning Officer Hours: Wednesdays 9:00 – 11:00 a.m.

Proparty Addrage	Data
Property Address:	Date
Γax Parcel ID No.	Zoning District:
Property Owner Name:	Daytime Phone:
Property Owner Address:	
Contractor Name:	Daytime Phone:
Contractor Address:	
2. Purpose of Permit Request:	
New Single Family Dwelling	New Commercial Building*
Townhouse	New Industrial Building*
Apartment/No. of Units	Existing Commercial Building*
Semi-Detached/Duplex	(Change of Use or Ownership)
Garage/Carport	Existing Industrial Building*
Room Addition(s) – Specify:	(Change of use or ownership)
Porches/Deck – covered/uncovered	Home Occupation**
Fence - Specify Height:	
Sign – Specify Size: II	luminated/Non-Illuminated? (please circle)
Accessory Structure- Specify:	
Other - Specify:	
Fotal Value of Construction:	Estimated Date of Completion:
Brief Description of Project:	

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3. Lot & Building Information:

Has there been any development or	the Parcel of Reco	ord since January 10	0th, 2013? Yes No
If yes, when and what was developed	?		
Total Lot Area:	Square Feet	Lot Depth:	
Lot Width:		Corner Lot?	Yes No
Describe Any Freestanding Structure	s:		
Coverage: (Includes All Impervious	Surfaces)		
Existing Lot Coverage:	Square Feet		% of Lot Area
Proposed Lot Coverage:	Square Feet		% of Lot Area
Proposed Building Size: Squ	uare Feet Prop	oosed Height:	Dimensions:
Type of Construction:			Number of Stories:
Setbacks:	Required	Proposed	<u>1</u>
Front Yard			_
Left Side Yard			_
Right Side Yard			_
Rear Yard			_
Additional Features: Are there any easements or deed	restrictions on your	property?	
Are there any environmentally se	nsitive features loca	ted on the property?	(Wetlands/swales/floodplain)
Sewage Disposal System:	Public Sewer	On-Lot Septic	Other:
Water Supply:	Public Water	Well	Other:

4. Plot Plan: A plot plan showing all existing improvements and proposed construction, including driveways, walkways, environmental features, easements and utilities shall accompany this application. The plan shall include measurements of setbacks from all property lines and from the right-of-way of any road frontage on the property. Adjoining properties shall be labeled. Until such plan is submitted, this application shall not be considered complete and will not be processed.

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^{*} If the proposed is a Business, Industry, Home Occupation or a Change of Use of a new or existing building, please enclose a detailed description outlining the products sold, manufacturing process, services rendered, equipment to be used, floor areas of building, number of employees, and any other information that is necessary to the thoroughly describe the proposed operation.

OVER

The narrative must address all of the requirements set forth in Section 1405 of the Zoning Ordinance. **5. Conditions of Approval:** Has the proposed use been granted any necessary approvals for special exceptions, conditional uses and/or variances? ____ Yes _____ No _____ N/A If yes, please explain how the application complies with the conditions attached to the granting of these approvals. 6. Signature: I hereby authorize the designated Swatara Township official to investigate, inspect and examine the Property set forth herein, including land and structures, to determine compliance with the Swatara Township Zoning Ordinance and to determine the accuracy of the statements contained herein. I am aware that I cannot occupy the Property for the purpose of conducting the use set forth herein and cannot commence excavation or construction until a Zoning Permit has been issued by Swatara Township. By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct. A Zoning Permit may be revoked in the use and/or structure for which it has been issued violates any applicable Township, County, State or Federal law or regulation, including but not limited to the Swatara Township Zoning Ordinance. This Permit may also be revoked if it has been issued in error, or if issuance was based upon any misrepresentations or errors contained in the application or otherwise made by the applicant. I acknowledge that the holder of a Zoning Permit is responsible to insure compliance with all applicable Township Ordinances, and at completion of the work authorized by the permit, I acknowledge that the Township requires that a final inspection be performed by the Zoning Officer before the structure which is authorized by this permit may be occupied. Signature: _____ (Owner) (Applicant, if not the owner) *For Official Use Only - Do Not Write Below This Line* Date of Receipt of Complete Application: Application Fee: _____ Date of Receipt of Application Fee: _____ Action Taken: _____ Approved ____ Denied Date of Action: Reason(s) for Denial, if Applicable: Date:

Zoning Officer's Signature:

** Home Occupations - A narrative of the proposed home occupation and interior floor plan showing the location and dimensions of the space where the home occupation will be conducted must accompany the permit application and plot plan.

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