

SWATARA TOWNSHIP
599 Eisenhower Boulevard
Harrisburg, PA 17111

APPLICATION FOR PLAN APPROVAL

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone Number: _____

Name of Applicant: _____

Address: _____

Phone Number: _____

Name of Engineer/Surveyor: _____

Address: _____

Phone Number: _____

Name of Developer: _____

Address: _____

Phone Number: _____

Title of Plan: _____

Plan Classification: Subdivision Redivision Land Development

Other (explain): _____

Type of Approval Request: Preliminary Final Minor

Previous Plan(s): _____ Recorder's Office Reference: _____

Total Tract Area: _____ Number of Lots/Units: _____

Zoning District: _____ Density Overall: _____

Water Supply: _____ Linear Ft of New Street: _____

Proposed Sewage Disposal: _____

Linear Ft of New Storm Sewer: _____

Linear Ft of New Sanitary Sewer: _____

Has a sewage module or DEP exemption been submitted: Yes Date Submitted: _____ No

Improvements required: None Full Street Partial Street Sidewalks
 Curbing Sanitary Sewer Signs Storm Sewer Water Lines
 Other _____

Are there any modifications of requirements? yes no

If so, list the specific section of the Ordinance from which relief is required and justification for the waiver. If additional space is needed, attach a separate narrative.

1. Modification of Requirement Requested & Justification: _____
_____ Section of Ordinance _____

2. Modification of Requirement Requested & Justification: _____
_____ Section of Ordinance _____

3. Modification of Requirement Requested & Justification: _____
_____ Section of Ordinance _____

Have any variances been granted by the Zoning Hearing Board pertaining to this development? _____
If yes, attach a copy of the decision.

I hereby certify the plan submission represented by this application and checklist is complete and is prepared in conformance with all the applicable Swatara Township Ordinances.

Signature Date

OFFICIAL USE ONLY:

Filing fee:	Preliminary: _____	Amount: _____	Date Paid: _____
	Final: _____	Amount: _____	Date Paid: _____
	Minor: _____	Amount: _____	Date Paid: _____

NOTE: Plans must be officially submitted to the Township fifteen working days prior to a Planning Commission meeting. Failure to submit complete and truthful data may result in refusal to process applications for plan approval.

Filing Date: _____ 90 days to begin: _____
90 days end: _____ Last meeting prior: _____ 90 day extension: _____