

**BUILDING & ZONING APPLICATION
TOWNSHIP OF SUSQUEHANNA, DAUPHIN COUNTY.
1900 LINGLESTOWN ROAD, HARRISBURG, PA 17110**

BUILDING PERMIT NUMBER	APPLICATION DATE	DATE ISSUED	PARCEL ID
NAME OF OWNER		ADDRESS OF OWNER	
CITY	STATE	ZIP	PHONE FAX

Application is hereby made for a permit to alter a structure which shall be located as shown on diagram and plan as submitted and/or to use the premises for the purpose described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land be made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient ground for a revocation of this permit.

LOCATION	SUBDIVISION/DEVELOPMENT NAME		
PLAN ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO	THIS CERTIFIES THAT THE PROPERTY DESCRIBED ABOVE IS IN:	ZONING DISTRICT	FLOOD ZONE
PROPOSED USE/TYPE OF CONSTRUCTION	DOES THE PROPOSED USE COMPLY WITH THE ZONING ORDINANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
A ZONING PERMIT FOR THE ABOVE DESCRIBED USE IS HEREBY:	<input type="checkbox"/> GRANTED <input type="checkbox"/> NOT ISSUED	ZONING OFFICER'S SIGNATURE	
HAS AN APPLICATION BEEN SUBMITTED FOR SEPTIC SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			SEPTIC SYSTEM PERMIT NUMBER

Application is hereby made to the TOWNSHIP OF SUSQUEHANNA for a Building Permit in conformity with the requirements of the Building Ordinance and any amendments thereto for the following described work:

DESCRIPTION OF WORK							
BUILDING TYPE	NUMBER OF STORIES			NUMBER OF UNITS		BUILDING NUMBER	
	CONCRETE	BLOCK	WOOD	STEEL	BRICK	STONE	OTHER
FOUNDATION MATERIALS							
FLOOR CONSTRUCTION							
ROOF CONSTRUCTION							
EXTERIOR WALL							
HEAT	GAS	HAND	HEAT PUMP	RADIANT	STOKER	OIL	OTHER
HOT WATER	BASEBOARD	ELECTRIC	RADIATORS	RADIANT	STEAM		OTHER

If Business or Industry do you have a State Permit? YES No Off street parking spaces: _____

New Building Addition Alteration Demolition Vinyl Siding Above Ground Pool In Ground Pool

Roof Trusses Roof Field Frame Roof Sheathing: _____ Type of Shingles: _____

Size of Structure: Length: _____ Width: _____ Fireplace Type: _____ Wired: _____%

Plumbing Sewer: Public On Lot Water Source: Public On Lot Plans/Specs attached

Number of Baths: Number of powder rooms: Number of Bedrooms: Re-shingle Roof

Lot Width _____ Lot Depth _____ Aggregate of Side Yd Ft _____ Minimum Side Yd one side Ft _____

Garage Attached Garage Unattached Garage Basement Carport Bldg Permit #: _____

SPECIAL CONDITIONS OF ISSUANCE:						
ESTIMATED COST	TOTAL SQ. FOOT	BUILDING PERMIT FEE	USE & OCC & FEE	ZONING FEE	STATE FEE	TOTAL
					\$4.00	

Name of Applicant: _____

Address of Applicant: _____

Applicant is (check one):

Owner Contractor Agent Engineer Tenant Architect

Contact Information

Home/Office Phone Number: _____

Fax Number: _____

General Contractor Information:

Name of Contractor: _____

Address: _____

Office Phone Number: _____

Email Address: _____

Name of Electrical Contractor: _____

Is Electrical Contractor Licensed in Susquehanna Township? Yes No

Name of Plumber: _____

Is Plumber Licensed in Susquehanna Township? Yes No

Applicable Use Group(s)

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2
 H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4
 M R-1 R-2 R-3 R-4 S-1 S-2 U

Construction Type

I-A I-B II-A II-B III-A III-B IV V-A V-B

Does this application involve a change in the use group? Yes No

As the owner or the authorized agent of the project is filed, I certify that the description of use, estimated construction cost and other information provided as part of this application is correct.

I hereby certify that I am either the owner of record of the property or an authorized by said owner of record to submit this application on his/her behalf.

Name of Applicant Printed: _____

Signature of Applicant: _____

Date of Application: _____

Building Inspector Approval: _____