



Susquehanna Township

1900 Linglestown Road

Harrisburg, PA 17110

717-545-4751

www.susquehannatwp.com

Parcel ID	
Zoning District	
Permit #	
Total Fee Due*	

ZONING PERMIT APPLICATION

All applications for permits shall be accompanied by a **plot plan** showing the shape and dimensions of the lot, the size and location of any buildings existing on the lot, the distance of the proposed use from the property line and any such information as may be necessary to determine compliance with this Zoning Ordinance and all other ordinances. An incomplete application will not be reviewed until all missing information is submitted. This includes a signature. Mark N/A if a section does not apply to your project. *[The Board of Commissioners establishes fees, which are available on the website.](#)

Location of Project

Street Address: _____

Proposed Activity ☐ Fence ☐ Shed or detached accessory structure ☐ Deck (under 30" in height)

(check all that apply) ☐ Driveway ☐ Patio (no roof) ☐ Change/New Use ☐ Other _____

Owner's Information

Owner's Name: _____

Phone #: _____

Address: _____

Email: _____

Applicant's Information Check if same as owner ☐

Applicant's Name: _____

Phone #: _____

Address: _____

Email: _____

Describe your project in detail, including the type of project, dimensions (length and height), and location from property lines. _____

Is the property in a Floodplain? ☐ Yes ☐ No **Base Flood Elevation** _____ feet

Impervious Area Existing: _____ s.f. Proposed: _____ s.f. Total: _____ s.f.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Signature of Authorized Representative

Date

CONDITIONS OF APPROVAL: _____

Signature of Zoning Officer

Date