

For Inter-Office Use Only	Building Permit Number _____
Tax Parcel _____	Zoning Permit Number _____
Construction Type _____	Cert. of Occ. Number _____
Occupancy Class _____	App. Fee Check Number _____
Zoning District: _____	Applicable Code _____

**SILVER SPRING
TOWNSHIP**

Office Hours: Monday through Friday
8:00 A.M. to 4:00 P.M.

8 Flowers Drive
Mechanicsburg, PA 17050

Phone: 717-591-9067 Fax: 717-591-9058

Application for Building Permit

A \$25.00 Application fee is required, and will be applied to permit cost.

Construction Site Street Address: _____	Lot: _____
City, State, Zip: _____	
Development Name: _____ Phase/Section: _____	

Property Owner: _____
Owner's Mailing Address: _____
Owner's Phone: _____ Owner's Email: _____

Name of Applicant if Authorized Agent other than Owner: _____
(Authorization letter from Owner required for Agent.)
Authorized Agent's Mailing Address: _____
Authorized Agent's Phone: _____ Authorized Agent's Email or Fax: _____

Contractor: _____
PA Registration Number: _____
Worker's Compensation Insurance Certificate Number or Exempt Form: _____
Contractor's Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Job Site Supervisor: _____ Cell: _____

Lot Dimensions		Building Dimensions		
Width:		Length:		No. Stories:
Depth:		Width:		Height:
Total Land Area by Square Footage or Acreage:		Total Square Footage including basement & attached garage:		No. Bedrooms

Setbacks	
Front	
Rear	
One Side	
Other Side	

	Public	Private
Water		
Sanitary		
Sanitary Permit No.: _____		

Select Type of Frame	
Wood	
Masonry	
Steel	
Concrete	
Other	

Flood Hazard Area	
Yes*	
No	

*If yes, attach flood certification. FEMA Form 81-31

Residential	
	Single Family Detached
	Duplex
	Multi-Family
	Townhouse

Non-Residential		
Specify Use:		
Change in Use?	YES	NO
If YES, indicate former:		

Manufactured/Modular Homes	
Make	
Model	
Year	

Please Circle Type of Improvement				
New Building	Addition	Alteration	Repair	Relocate
Foundation	Change of Use	Plumbing	Mechanical	Electrical
Accessory Structure ≥ 1,000 SF		Deck	Pool	Other

Describe the project in detail:

Any additional information for permit review (optional):

Total cost of construction: \$ _____

(Contract price or market value per ICC Building Valuation Table.)

Property owner or "**Authorized Agent**" hereby agrees to comply with all applicable Township codes, laws and regulations and in accordance with all State and Federal regulations. Original application documents must be submitted by hand delivery or mail. **No fax or email copies will be accepted.**



Signature of Owner or Authorized Agent

Print Name

Date

End of
Application

For Inter-Office Use Only

Building Code Official Signature

Date

Permit Fee

UCC Fee

Zoning Officer Review Signature

Date

Building Permit Action/Dates	
Approved	
Issued	
Denied	
Returned	