

Application Date: _____

Permit Number: _____

Portable Storage Unit (P.O.D.)

Permit Fee: _____

Lower Southampton Township
1500 Desire Ave. Feasterville, Pa 19053
215-357-7300

ADDRESS of PROPOSED P.O.D. location: _____

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Name of Applicant:(if different) _____ Phone Number: _____

Email Address of Permit Recipient: _____

P.O.D. Storage Company: _____ P.O.D. Size: _____

P.O.D. location on property: _____

No Portable Storage Unit (P.O.D.) is allowed in the street.

Permit is ONLY good for 3 months

After 3 months you must reapply for a new permit.

Signature of Applicant: _____

Zoning Official: _____ Date: _____ Approved () Denied ()