



Lower Southampton Township

1500 Desire Avenue - Feasterville - PA, 19053

215-357-7300

Permit Fee:	_____
Notary Fee:	_____
Permit Tax:	_____
Permit Total:	_____

ROOFING, SIDING and REPLACEMENT WINDOWS

Date: _____ SITE ADDRESS OF PROPOSED WORK/IMPORVEMENT: _____

OWNER: _____ PHONE #: _____

MAILING ADDRESS: _____ FAX #: _____

_____ OWNER EMAIL: _____

CONTRACTOR: _____ PHONE #: _____

MAILING ADDRESS: _____ FAX #: _____

_____ CONTRACTOR EMAIL: _____

DESCRIBE THE PROPOSED WORK: _____

WILL YOU BE USING A DUMPSTER ON SITE? YES or NO

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value): \$ _____

AFFIDAVIT

_____ Being duly sworn according to law, this oath deposes and says: I reside at
 applicant
 _____ I am the (sole, joint, agent for) owner of the premises known and designated as
 applicants address
 _____ in the Township of Lower Southampton, that the work proposed to be done
 site address
 upon said premises is authorized be _____ that the full name and address of the
 owner/lessee
 owner, or each owners, of said premises and of said building area as follows: _____,
 owner
 _____ and that no other persons is the owner of the whole or any part of the same.
 site address

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____ applicant signature _____ owner signature

Sworn and subscribed before me on this day of _____, _____
 date notary signature

APPROVED BY: _____ DATE APPROVED: _____