



# LOWER SOUTHAMPTON TOWNSHIP

Zoning and Code Department  
1500 Desire Avenue - Feasterville, PA 19053  
(215) 357-7300 (215) 494-2965 fax  
www.lowersouthamptontownship.org

FEE: \$ \_\_\_\_\_

NOTARY: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## APPLICATION FOR REGISTRATION/RENEWAL: ACCESSORY IN-LAW DWELLING

THE APPLICANT **MUST** AGREE TO AN ANNUAL INSPECTION AND RENEWAL OF THE ACCESSORY IN-LAW DWELLING PERMIT. APPLICANT ANNUALLY **MUST** PROVE THAT THE UNIT *IS/STILL* OCCUPIED BY IMMEDIATE FAMILY MEMBERS OF THE PROPERTY OWNER, ANNUALLY **MUST** MAKE THE PROPERTY AVAILABLE FOR TOWNSHIP INSPECTIONS TO CONFIRM COMPLIANCE AND ANNUALLY **MUST** SUBMIT A NEW AFFIDAVIT RECOGNIZING THE RULES.

1) Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

E-Mail: \_\_\_\_\_ SEWER - Public  On-Site

Sq. Footage of Dwelling: \_\_\_\_\_

2) Name of In-Law Occupant: \_\_\_\_\_

In-Law Phone # (Home): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

E-Mail: \_\_\_\_\_ RELATIONSHIP to Property Owner: \_\_\_\_\_

Emergency Management Needs if any: \_\_\_\_\_

A building permit from Lower Southampton Township shall be required and MUST include a floor plan of In-Law dwelling showing the shared common egress, connecting door to main residence, door to outside and working smoke detectors. All utilities are to be part of the main dwelling. By appointment, there will be an **annual inspection** of the premises to confirm compliance and an **annual signed affidavit** is required confirming relationship of In-Law dwelling occupant is an immediate family member.

New registration is required for New or Change of In-Law occupant. If the accessory In-Law dwelling is no longer occupied by any person named on permit or if the property is sold, the permit shall terminate and any proposed changes in occupancy to the accessory In-Law dwelling by the property owner or subsequent purchaser shall require a new request for use permit.

### 3) AFFIDAVIT

I HEREBY AFFIRM THAT THE ABOVE FACTS AND STATEMENTS, INCLUDING ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I AFFIRM TO THE RELATIONSHIP OF THE IN-LAW DWELLING OCCUPANT AND THE PROPERTY OWNER, STATING NO SEPARATE ADDRESS OR UTILITIES WILL BE PROVIDED AND THAT UNDER NO CIRCUMSTANCES SHALL THE IN-LAW DWELLING BE UTILIZED AS A RENTAL UNIT. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION HEREIN IS MADE SUBJECT TO THE PENALTIES OF PA CONS. STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORTIES.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Sworn and subscribed before me on this day of \_\_\_\_\_  
Date

Zoning Officer : \_\_\_\_\_

Inspected by: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Date Inspected: \_\_\_\_\_