

**Municipality of Lower Southampton Township**

**County of Bucks**

# REPLACEMENT WINDOWS, ROOFING and SIDING

Permit No.: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Notary Fee: \_\_\_\_\_

Permit Tax: \_\_\_\_\_

TOTAL Fees: \_\_\_\_\_

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

TAX PARCEL: 21- \_\_\_\_\_

ADDRESS of PROPOSED WORK or IMPROVEMENT: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ FAX #: \_\_\_\_\_

Owner E-Mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contractor E-Mail: \_\_\_\_\_

Insurance expiration date: \_\_\_\_\_

DESCRIBE THE PROPOSED WORK: \_\_\_\_\_

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 by \_\_\_\_\_ 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 are 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: \_\_\_\_\_

