

# CURBS, SIDEWALKS & DRIVEWAY APRONS

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

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

COUNTY OF BUCKS

MUNICIPALITY OF LOWER SOUTHAMPTON

SITE ADDRESS: \_\_\_\_\_ TAX PARCEL: 21- \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTRACTOR EMAIL: \_\_\_\_\_ Insurance expiration date: \_\_\_\_\_

CURBING: _____ LF	SIDEWALK: _____ LF	DRIVEWAY APRON: _____ LF
NEW <input type="checkbox"/>	NEW <input type="checkbox"/>	NEW <input type="checkbox"/>
REPLACEMENT <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>

Depressed curbs abutting Township and State Roads are to be constructed in the following manner:

- The dimensional requirements shall be:
  - 12' x 4" depression for single car drive.
  - 20' x 4" depression for double car drive.
- The expansion joint requirement shall coincide with the standard curb replacement.
- The concrete must meet 3500 psi.
- No. 4 reinforcing bars shall be laid in the depressed curb.

## 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: \_\_\_\_\_