

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

Permit Number: \_\_\_\_\_

### Wall Permit

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

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

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

Total Fees: \_\_\_\_\_

ADDRESS of PROPOSED Work of Improvement: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

Email Address of Permit Receptient: \_\_\_\_\_

Name of Applicant: (if different) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Estimated Cost of Work: \$ \_\_\_\_\_

All work is to be done in accordance with rules and regulations established by local ordinance.

Wall height \_\_\_\_\_ Wall Length \_\_\_\_\_

Wall location on property: \_\_\_\_\_

### Affidavit

I, \_\_\_\_\_ (Applicant or Owner) being duly sworn on his oath according to law, deposes and says that he is the person making the within application; that he resides at \_\_\_\_\_ (Applicant's address & Phone number) and that he is the agent of the owner of the property where the wall is to be installed, and that the statements therein contained are correct and true.

Signature of Applicant: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_(Notary Public)

Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_ Approved ( ) Denied ( )

**PLOT PLAN for wall**

