

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

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

**Temporary Construction  
Trailer Permit**

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

Lower Southampton Township

1500 Desire Ave. Feasterville, Pa 19053

215-357-7300

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

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

\_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Email Address of Owner: \_\_\_\_\_

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

Construction Trailer Company: \_\_\_\_\_

Size: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Location of trailer on Site: \_\_\_\_\_

Is electric being ran to the trailer? \_\_\_\_\_ If yes, electrical permit is required.

**This Permit expires at the time of completion of development.**

\_\_\_\_\_(Signature of Applicant)

\_\_\_\_\_(Zoning Official)

Approved ( ) Denied ( ) \_\_\_\_\_