



# LOWER SOUTHAMPTON TOWNSHIP

1500 DESIRE AVENUE  
FEASTERVILLE, PA 19053  
[215]357-7300



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## PROCEDURES FOR APPLICATION TO ZONING HEARING BOARD

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### COMPLETED APPLICATIONS:

Applicant must completely fill out Application, including completed signatures by the applicant and property owner. The original application and eight (8) copies of the documents must be filed with Lower Southampton Department of Licenses and Inspections. Please attach all documentation into nine (9) separate packets. Your application will not be accepted and not scheduled for a Hearing, until all necessary information and documents are provided with the completed application.

### LEGAL ADVICE:

Lower Southampton Township Department of Licenses and Inspections cannot complete the application for you, or provide legal advice. Please seek the advice of an attorney regarding questions you may have about the application packet.

### FILING DEADLINES:

In order to be scheduled for a Hearing you must file, and have the completed application packet accepted at least (30) thirty days prior to requested hearing date.

### DEEDS:

Copies of the Deed for the subject property can be obtained from the Recorder of Deeds office in the Bucks County Courthouse in Doylestown, Pennsylvania.

### PLOT, FLOOR & ELEVATION PLANS:

Plot plans, floor plans and elevation plans must comply with the requirements of the Zoning Ordinance. Incomplete or insufficient plans may be the basis for the refusal of the Department to accept the application or may be the basis for a refusal by the Zoning Hearing Board to grant the required relief.

### ZONING ORDINANCES:

In order to properly complete the application, you may need to refer to sections of the Lower Southampton Zoning Ordinance. Copies of the Zoning Ordinance are available for sale at the receptionist desk. There is also a copy available for public inspection in the Zoning Department and the Lower Southampton Public Library. Please be advised that the employees of the Department of Licenses and Inspections are not authorized to assist you in completing the application or in explaining the Zoning Inspections are not authorized to assist you in completing the application or in the explaining the Zoning Ordinance. Should you have any questions, it is recommended that you seek advice of an attorney.

### FEE SCHEDULE:

All applications to the Lower Southampton Zoning Hearing Board are as follows of two (2) separate checks (1 check for application fee – 1 check for escrow fee).

**FEE SCHEDULE:**

ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SEPARATE CHECKS  
ONE (1) FOR APPLICATION FEE & ONE (1) FOR ESCROW FEE *(where applicable)*

**RESIDENTIAL VARIANCE**

Variance for Single lot  
a) Application Fee \$ 750.00

**COMMERCIAL VARIANCE**

Variance for Commercial Property  
a) Application Fee \$ 2,900.00  
b) Escrow Fee \$ 300.00

**RESIDENTIAL APPEAL OF DECISION**

Appeal of Zoning Officer's Decision  
for Single Family Resident (Single Lot)  
a) Application Fee \$ 750.00

**COMMERCIAL APPEAL OF DECISION**

Appeal of Zoning Officer's Decision  
for Commercial Property  
a) Application Fee \$ 2,700.00  
b) Escrow Fee \$ 300.00

**RESIDENTIAL UCC APPEAL HEARING**

a) Application Fee \$ 475.00

**COMMERCIAL USS APPEAL HEARING**

a) Application Fee \$ 2,600.00

**CHALLENGE TO THE VALIDITY OF AN ORDINACE**

a) Application Fee \$ 3,500.00  
b) Escrow Fee \$ 5,000.00

**CHANGE OF ZONING CLASSIFICATION**

a) Application Fee \$ 4,000.00  
b) Escrow Fee \$ 5,000.00

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**ITEMS ARE REQUIRED TO BE SUBMITTED IN THIS ORDER AND PREPARED INTO  
A TOTAL OF NINE (9) INDIVIDUAL PACKETS – ONE (1) ORIGINAL & EIGHT (8) COPIES**

**CHECK OFF ALL APPLICABLE ITEMS INCLUDED WITH APPEAL SUBMISSION.**

- 1) 8 COPIES OF APPEAL APPLICATION
- 2) 8 COPIES OF PLOT PLAN
- 3) 8 COPIES OF ZONING OFFICER'S REJECTION LETTER
- 4) 8 COPIES OF TAX MAP
- 5) 8 COPIES OF DEED
- 6) 8 COPIES OF SALE OR LEASE AGREEMENT
- 7) 8 COPIES OF PROPOSED STRUCTURE
- 8) 8 COPIES OF DEED SEARCHES (If your application is for Non-Confirming use)
- 9) 8 COPIES OF ANY EXHIBITS INCLUDING PICTURES
- 10) 8 COPIES OF MAILING ADDRESSES (300ft perimeter)
- 11) TWO (2) CHECKS: One (1) Hearing Application Fee / One (1) Escrow  
– attach to original packet

**INCOMPLETE APPLICATIONS/SUBMISSIONS WILL NOT BE ACCEPTED.**



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Case Number:
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VARIANCE, SPECIAL EXCEPTION & CONDITIONAL USE

- 1. Name of business and property address
2. In written form, please explain the previous use of the property.
3. Explain the basics of the proposed business; be as explicit as possible explaining type of business you are proposing.
4. Days of the week and hours you intend to operate the business.
5. Number of employees you intend to employ.
6. A floor plan must be submitted indicating the total square footage you intend to utilize for the business and the square footage of each space within the building.
7. A description of any materials, and the quantities of any materials you will have stored at the business.
8. The number of vehicles that will be stored at the business overnight.
9. The number of parking spaces and accessible parking spaces you will have available.
10. Commercial business must submit a site plan indicating the location(s) of accessible parking spaces and the accessible route and entrance to the building and for loading.
11. If you are applying for a home occupation, the amount of traffic you will have coming and going to and from the business.
12. List any intended construction changes you will be making or are anticipating for the business.
13. If the property is leased you must submit a current letter of approval for your business from the owner of the property.

DAY CARE FACILITIES

- 1. Day Care facilities must submit information indicating the number of children, the ages of the children and the relationship of the children, if they are related.

PROPERTY INFORMATION

Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Zoning District: \_\_\_\_\_

APPLICANT CONTACT INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

**LOWER SOUTHAMPTON TOWNSHIP**  
**BUCKS COUNTY, PENNSYLVANIA**  
1500 Desire Avenue  
Feasterville, PA 19053  
[215]357-7300

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**APPEAL TO ZONING HEARING BOARD**

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TO THE ZONING HEARING BOARD OF THE TOWNSHIP OF  
LOWER SOUTHAMPTON, BUCKS COUNTY, PENNSYLVANIA:

The undersigned hereby appeals from the decision of the Zoning Officer, (or request a special exception or variance from the terms of the Zoning Ordinance) and submits the following facts:

1. The name, address and phone numbers of the appellant or applicant and of his attorney, if any, is:

2. The interest of the appellant or applicant is:

3. A brief description of the property concerned is:

4. A specific reference to the order or decision appealed from, or to the section of the Ordinance upon which the application for special exception or variance is based, is:

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**APPEAL TO ZONING HEARING BOARD, Cont.**

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5. A statement of the relief sought or the special exception or variance desired is:

6. A statement of the ground for the appeal, or the reasons, both in law and in fact, for the granting of the special exception or variance, including a description of the use of neighboring properties where pertinent, is:

7. Attached hereto is a true and exact copy of the order, requirement, decision or determination of the zoning officer.

I hereby depose and say that all of the above statements and the statements contained in all the exhibits transmitted herewith are true.

\_\_\_\_\_  
Appellant or Applicant

State of _____
County of _____
I certify this to be the original document on this _____ day of _____, 20__.
Notary Public _____
My Commission Expires _____