



# Lower Southampton Township

Bucks County, Pennsylvania  
1500 Desire Avenue – Feasterville, PA 19053  
Phone: (215) 357-7300 – E-Mail: [permits@lstwp.org](mailto:permits@lstwp.org)

**\*\* OFFICE USE ONLY\*\***

FEE:

PERMIT NO:

## ACCESSORY IN-LAW DWELLING PERMIT APPLICATION

### I. CONTACT INFORMATION (Each line item **MUST** be completed)

Property Owner Name:

Address: City: State: Zip:

Phone: (Home) Phone: (Cell)

E-mail:

### II. IN-LAW OCCUPANT INFORMATION (Each line item **MUST** be completed)

Name:

Relationship to Property Owner:

Emergency Management Needs if any:

### III. PROPERTY INFORMATION (Each line item **MUST** be completed)

SQ. Footage of Dwelling:

Sewer:  Public  On-Site

A UCC Construction Permit is required.

Plans must include a floor plan of in-law dwelling showing the shared common egress, connecting door to main residence, door to outside and working smoke detectors. All utilities are to be a part of the main dwelling.

By appointment, an annual inspection of the premises to confirm compliance and to receive the required annual signed affidavit confirming relationship of in-law occupant is an immediate family member.

### IV. APPLICANT'S CERTIFICATION (Signature **REQUIRED**)

The undersigned owner or authorized agent hereby certify that:

- The above facts and statements, including any attachments are true and correct.
- That I affirm to the familial relationship of the in-law dwelling occupant and property owner.
- That there will be no separate address or utility provided.
- That under no circumstances shall the in-law dwelling be utilized as a rental unit.
- I understand that any falsification of information herein is made subject to the penalties of PA Cons. Stat. 4904 relating to un-sworn falsification to authorities.

Signature of Property Owner:

Date:

### OFFICE USE ONLY

Zoning Office Decision:  Approved  Denied

Zoning Officer Signature:

### INSPECTION

Affidavit Received:  YES  NO

Inspector Signature:

Date: