

Lower Southampton Township

Bucks County, Pennsylvania 1500 Desire Avenue – Feasterville, PA 19053 Phone: (215) 357-7300 – E-Mail: <u>permits@lstwp.org</u>

OFFI	CE	USE	ON	LY

APPLICATION FEE:

PERMIT NO.:

ESCROW FEE:

EARTH DISTURBANCE PERMIT APPLICATION

I. SITE INFORMATION (Each line it	tem MUST be completed)				
Proposed Work Site Address:					
Tax Parcel ID:					
Property within Floodplain:	Yes No				
II. CONTACT INFORMATION	(Each line item MUST be completed)	Please be advised: ONLY applicant receives corresp	ondence and/or permit		
Applicant Name:					
Mailing Address:	City:	State:	Zip:		
E-Mail:	Phone No.:				
Property Owner:					
Mailing Address:	City:	State:	Zip:		
E-Mail:	Phone No.:				
Contractor:					
Person in Charge of Work:					
Mailing Address:	City:	State:	Zip:		
E-Mail:	Phone No.	:			
III. PROJECT DATA (Each line item M	UST be completed)				
Square Footage of Earth Disturbance:					
Square Footage of New Impervious Coverage:					
Will work affect another property in any way:					
Applications must be accompanied by one (1) digital and two (2) plan copies					
to include: Grading, Erosion Control, Storm Water Management and Best Management Practices					
IV. APPLICANT'S CERTIFICATION (Signature REQUIRED)					
The undersigned owner or authorized agent hereby certify that: All information provided as a part of this application is true and correct.					
That all work will be performed and completed in accordance with the rules and regulations set forth in Lower Southampton Twp. ordinance.					
Signature of Applicant:		Date:			
OFFICE USE ONLY					
Zoning Officer Decision A	Approved Denied				
Zoning Officer Signature:		Date:			