

Zoning Officer Signature:

Lower Southampton Township

Bucks County, Pennsylvania

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

** OFFICE USE ONLY**						
Permit No.:						

WALL PERMIT APPLICATION							
SITE INFORMATION							
Proposed Work Site Address:							
Tax Parcel ID:							
Property within Floodplain: _	Yes _	No					
CONTACT INFORMATION			Please be adv	ised: ONLY applicant	receives correspon	ndence 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.:				
PROJECT DATA							
Wall Dimensions:Ler	ngth	Height	Width				
Wall Location:							
Total Project Cost: \$							
Application MUST include plot plan drawing illustrating proposed location of wall on property.							
APPLICANT'S CERTIFICATIO	N						
 The undersigned owner or authorized agent hereby certify that: All information provided as a part of this application is true and correct. This project will be constructed in accordance with the approved drawings and specifications (including any non-design changes) and the Uniform Construction Code standards as specified in 34PA Code Chapters 401-405. 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:				Dat	te:		
FOR OFFICE USE ONLY							
Zoning Officer Decision	Approved	Denie	d				
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Date: