



Lower Southampton Township

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

PROCEDURES FOR APPLICATION TO ZONING HEARING BOARD

COMPLETED APPLICATIONS

Applicant must completely fill out application, including completed signatures by the applicant and property owner. All application documentation filed with Lower Southampton Township Zoning Dept. MUST be submitted as follows: A total of Nine (9) individual packets - One (1) ORIGINAL & Eight (8) COPIES **plus** One (1) DIGITAL Copy of Plans. Application MUST be complete, all applicable items organized into packet and all fees included with submission. Incomplete applications/submission will not be accepted.

FILING DEADLINES:

The Zoning Hearing Board generally meets the first and third Thursday of each month. In order to be scheduled for a Hearing you must file, and have the completed application packet accepted by the second week in the prior month.

PLOT, FLOOR & ELEVATION PLANS:

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

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.

MAILING ADDRESSES:

Applicant will be responsible for the mailing and providing proof of mailing affidavit. Mailing addresses can be obtained using www.bucksgis.maps.arcgis.com 300 ft perimeter.

LEGAL ADVICE:

Lower Southampton Township Zoning Department 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.

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 on Lower Southampton Township Website www.lstwp.org There is also a copy available for public inspection in the Zoning Department & the Lower Southampton Public Library. Please be advised that the employees of Lower Southampton Township Zoning Department 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.

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APPEAL TO ZONING HEARING BOARD SUBMISSION INFORMATION

SUBMISSION REQUIREMENTS: *(MUST include each required* item and be assembled in the order listed below)*

A TOTAL OF NINE (9) INDIVIDUAL PACKETS – ONE (1) ORIGINAL & EIGHT (8) COPIES + ONE (1) DIGITAL copy of plans

CHECK OFF ALL APPLICABLE ITEMS INCLUDED WITH APPEAL SUBMISSION

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

INCOMPLETE APPLICATIONS/SUBMISSIONS WILL NOT BE ACCEPTED

FEE SCHEDULE

RESIDENTIAL

VARIANCE for single lot

Application Fee: \$750.00

APPEAL OF ZONING OFFICERS DECISION for single family residence *(single lot)*

Application Fee: \$750.00

UCC APPEAL HEARING

Application Fee: \$450.00

COMMERCIAL

VARIANCE

Application Fee: \$2,900.00

Escrow Fee: \$ 300.00

APPEAL OF ZONING OFFICER DECISION

Application Fee: \$2,700.00

Escrow Fee: \$ 300.00

UCC APPEAL HEARING

Application Fee \$2,600.00

ADDITIONAL APPEALS

CHALLENGE TO THE VALIDITY OF AN ORDINANCE

Application Fee \$3,500.00

Escrow Fee \$5,000.00

CHANGE OF ZONING CLASSIFICATION

Application Fee \$4,000.00

Escrow Fee \$5,000.00



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****OFFICE USE ONLY****

APPLICATION FEE:

CASE NUMBER

ESCROW FEE:

VARIANCE, SPECIAL EXCEPTION *and* CONDITIONAL USE

1. Name of business and property address.
2. If property is leased provide lease agreement.
3. In written form, explain previous use of property.
4. In written form, explicitly describe type of proposed business.
5. Submit floor plan, including total square footage and square footage intended to utilize.
6. In written form, describe materials and quantities to be stored at business.
Manufacturing and storage facilities must submit a complete list of all combustible, flammable, hazardous materials and their quantities which will be stored and/or used during processing.
7. In written form, list in detail any and all construction changes to be performed.
8. In written form, provide days of week and hours operation.
9. In written form, provide number of employees.
10. In written form, list the number of parking spots available.
11. In written form, list the number of vehicles to be parked overnight.
12. Commercial business must submit a site plan indicating the locations of accessible parking spaces.

Home Occupation

1. In written form, submit amount of proposed daily vehicle traffic to and from residential property.

Day Care Facility

1. In written form, submit number of children, the ages of the children, the relationship, if related.

Date:

PROPERTY INFORMATION

Address:

City, State and Zip Code:

Tax Parcel No.:

Zoning District:

APPLICANT CONTACT INFORMATION

Name:

Address:

City, State and Zip Code:

Home Phone No.:

Cell Phone No.:

E-Mail Address

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APPEAL TO ZONING HEARING BOARD

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 requests a special exception or variance from the terms of the Zoning Ordinance) and submits the following facts:

Appellant/Applicant Name:

Address:

Phone No.:

E-Mail:

Attorney Name:

Address:

Phone No.:

E-Mail:

The interest of the appellant or applicant is:

A brief description of the property concerned is:

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:

(Continue on Next Page to Complete)

A statement of the relief sought or the SPECIAL EXCEPTION or VARIANCE desired is:

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:

Attached hereto is a true and exact copy of the order, requirement, decision or determination of the Zoning Officer.

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

Appellant/Applicant Signature:

Date:

NOTARY

State of: _____

County of: _____

I certify this to be the original document on this _____ day of _____ 20_____.

Notary Public: _____

My Commission Expires: _____