



**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\*\***

Date Received: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_

## APPLICATION FOR PA UCC CONSTRUCTION PERMIT

### I. PROPERTY INFORMATION (each line item MUST be completed)

Work Site Address: \_\_\_\_\_ Tax Parcel: 21-\_\_\_\_\_  
 Property within a Floodplain:  Yes  No *If yes, what is the market value of the property:* \_\_\_\_\_

### II. CONTACT INFORMATION (Each line item MUST be completed) *Please be Advised: ONLY applicant receives correspondence 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person in charge of work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_ PA Lic License: PA \_\_\_\_\_

Design Professional: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person in charge of work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No: \_\_\_\_\_

### III. APPLICATION TYPE (each line item MUST be completed)

RESIDENTIAL	NON-RESIDENTIAL
<input type="checkbox"/> One-Family	Change of Use: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Two-Family	Existing Use: _____
<input type="checkbox"/> Manufactured	Proposed Use: _____

### IV. PROPOSED CONSTRUCTION (each line item MUST be completed)

<input type="checkbox"/> New Building	<input type="checkbox"/> Electrical Service <b>(Complete Section VI)</b>
<input type="checkbox"/> Addition	<input type="checkbox"/> Electrical <input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Alteration	<input type="checkbox"/> Mechanical <input type="checkbox"/> Solar
<input type="checkbox"/> Deck	<input type="checkbox"/> Plumbing <input type="checkbox"/> Other

### V. CONSTRUCTION DATA (each line item MUST be completed)

No. Stories Above Grade: \_\_\_\_\_

Basement:  Y  N

Construction Sq. Ft.: \_\_\_\_\_

*Copy of Signed Contract Required*

### VI. ELECTRIC SERVICE (each line item MUST be completed)

New Service  Upgrade Service  Other: \_\_\_\_\_

PECO  Other: \_\_\_\_\_

Overhead  Underground

Meter No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Voltage: \_\_\_\_\_ Amps: \_\_\_\_\_

**Work Permit No.:** \_\_\_\_\_

### VII. CONSTRUCTION COSTS (each line item MUST be completed)

\$	Building	
\$	Electrical	No. of Devices: _____
\$	Mechanical	No. of Appliances: _____
\$	Plumbing	No. of Fixtures: _____
\$	<b>TOTAL COST</b>	

**Double Sided Application - Continue on Back Page to Complete**

**VIII. DESCRIPTION OF WORK (MANDATORY)**

**IX. SUBMISSION REQUIREMENTS (MANDATORY)**

- Ⓞ Permits may be digitally submitted to [permits@lstwp.org](mailto:permits@lstwp.org).
- Ⓞ One (1) set of detailed construction plans & One (1) digital format **MUST** be submitted for large plans.
- Ⓞ All commercial construction plans **MUST** be prepared, signed & sealed by a licensed design professional.

**X. APPLICANT'S CERTIFICATION (Applicant Signature REQUIRED)**

As the owner or the authorized agent of the project for which this application if filed, I CERTIFY THAT:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

**FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION**

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

**APPROVED PERMITS**

Zoning Permit No.: \_\_\_\_\_ NPDES Permit No.: \_\_\_\_\_

Sewage Permit No.: \_\_\_\_\_ Water Permit No.: \_\_\_\_\_

**PROECT DATA**

Use Group: \_\_\_\_\_ Code Edition: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Fire Sprinkler: Y  N

**DECISION**

Approved  Denied

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_