



Lower Southampton Township

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

**** OFFICE USE ONLY****

Date Received:

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 Officer Decision: Approved Denied

Zoning Officer Signature:

Date:

INSPECTION

Affidavit Received: YES NO

Inspector Signature:

Date: