



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.: _____

DRIVEWAY PERMIT APPLICATION

I. SITE INFORMATION (Each line item **MUST** be completed)

WORK SITE ADDRESS:

Tax Parcel ID: **21-**

Property within 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*

PROPERTY OWNER:

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

APPLICANT:

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 **MUST** be completed)

Resurface Driveway Enlarge Driveway

Driveway Original Dimensions: _____ Length _____ Width _____

Driveway Enlarged Dimensions: _____ Length _____ Width _____

PROJECT TOTAL COST:

DRIVEWAY ENLARGEMENT REQUIRES A PLOT PLAN AND IMPERVIOUS SURFACE CALCULATION

Impervious Surface Calculation must itemize the square footage of the following:

House – Detached Garage – Driveway – Shed – Patio – Covered Deck – In Ground Pool Decking

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.
- 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 and may require Township Engineer review.

Applicant Signature: _____

Date: _____

****OFFICE USE ONLY****

Zoning Officer Decision Approved Denied

Zoning Officer Signature: _____

Date: _____