Lower Southampton Township	**OFFICE USE ONLY**
Bucks County, Pennsylvania	Date Received: Fee:
1500 Desire Avenue – Feasterville, PA 19053 Phone: (215) 357-7300 – E-Mail: permits@lstwp.org	Permit No.:
DUMPSTER / P.O.D. PERMIT APPLICATION	
I. SITE INFORMATION (Each line item MUST be completed)	
WORK SITE ADDRESS:	Tax Parcel: <b>21</b> -
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	e 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)	
Dumpster Company:	Dumpster Size:
P.O.D. Company:	P.O.D Size:
Location:	
Reason for dumpster/pod:	
Length of Time:	
Dumpster or P.O.D must be set on driveway, NOT permissible for street placement.	
IV. APPLICANT'S CERTIFICATION (Applicant Signature MANDATORY)	
<ul> <li>The undersigned owner or authorized agent hereby certify that:</li> <li>All information provided as a part of this application is true and correct.</li> <li>That all work will be performed and completed in accordance with the rules and regulations set forth in Lower Southampton Twp. ordinance.</li> </ul>	
Applicant Signature:	Date:
**OFFICE USE ONLY**	
Zoning Officer Decision Approved Denied	
Zoning Officer Signature:	Date:
PERMIT IS VALID FOR ONE (1) MONTH FROM DATE OF ISSUANCE	