



Lower Southampton Township

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

****OFFICE USE ONLY****

Application Fee: _____

PERMIT NO.:

Escrow Fee: _____

EARTH DISTURBANCE PERMIT APPLICATION

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

WORK SITE ADDRESS:

Tax Parcel: **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.: _____

⚠ *Please be Advised: If this application submission does not include contractor info. and/or left blank, it will be assumed home owner is to perform all work contained within.*

CONTRACTOR:

Person in Charge of Work:

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

E-Mail: _____ Phone No.: _____

III. PROJECT DATA (Each line item **MUST** be completed)

Square Footage of Earth Disturbance:

Square Footage of New Impervious Coverage:

Will work affect another property in any way:

Applications must be accompanied by one (1) digital and two (2) plan copies
to include: Grading, Erosion Control, Storm Water Management and Best Management Practices

IV. APPLICANT'S CERTIFICATION (Applicant Signature **MANDATORY**)

The undersigned owner or authorized agent hereby certify that:

- All information provided as a part of this application is true and correct.
- That all work will be performed and completed in accordance with the rules and regulations set forth in Lower Southampton Twp. ordinance.

Applicant Signature: _____

Date: _____

****OFFICE USE ONLY****

Zoning Officer Decision Approved Denied

Zoning Officer Signature: _____

Date: _____