



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.: _____

WALL PERMIT APPLICATION

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:

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.: _____

PROJECT DATA (COMPLETION MANDATORY)

Wall Dimensions: _____ Length _____ Width _____ Height

Wall Location:

PROJECT TOTAL COST:

Application MUST include plot plan drawing illustrating proposed location of wall on property.

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.
- 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.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Zoning Officer Decision Approved Denied

Zoning Officer Signature: _____

Date: _____