



# Lower Southampton Township

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

#### APPLICANT:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

#### PROPERTY OWNER:

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: \_\_\_\_\_