

## **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:	_ Fee:		
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 be a	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)				
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)				
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				
Zoning Officer Signature:		Date:		

## PERMIT IS VALID FOR ONE (1) MONTH FROM DATE OF ISSUANCE