

Zoning Officer Signature:

Township of Upper Southampton 939 Street Road Southampton, PA 18966 215-322-9700

OFFICE USE ONLY

Date:

APPLICATION FEE:

PERMIT NO .:

ESCROW FEE:

EARTH DISTURBANCE PERMIT APPLICATION I. SITE INFORMATION (Each line item MUST be completed) Proposed Work Site Address: Tax Parcel ID: Property within Floodplain:] Yes II. CONTACT INFORMATION (Each line item MUST be completed) Please be advised: ONLY applicant receives correspondence and/or permit Applicant Name: Mailing Address: City: State: Zip: E-Mail: Phone No.: Property Owner: Mailing Address: State: City: Zip: Phone No.: E-Mail: 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 (Signature REQUIRED) 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 Upper Southampton Twp. Date: Signature of Applicant: **OFFICE USE ONLY** Zoning Officer Decision Denied Approved