

Application Date: _____

Permit Number: _____

**Portable Home Storage Unit
Permit**

Permit Fee: _____

Lower Southampton Township
1500 Desire Ave. Feasterville, Pa 19053
215-357-7300

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Applicant: (if different) _____ Phone Number: _____

Portable Home Storage Unit Company: _____

Size: _____ Length of Time: _____

Location of Unit: _____

No Portable Home Storage Unit is allowed in the street.

This Permit expires in 3 months

After 3 months you must reapply for a new permit.

_____(Signature of Applicant)

_____(Zoning Official)

Approved () Denied () _____