

## **BENSALEM TOWNSHIP**

Building and Planning Department 2400 Byberry Road • Bensalem, PA 19020 Office 215-633-3644 • Fax 215-633-3753

## ZONING CERTIFICATION APPLICATION

Permit #	
Fee	
Date	

Name of Owners				
Name of Owner:				
Address:				
City:	State:	ZIP:		
Phone No:	Email:	-		
Buyer/Lessee:				
Applicant's Name:				
Applicant's Address:				
	01-1	710.		
City: Phone No:	Fail.	ZIP:		
	Email:			
Proposed Date of Occupar	ncy by Buyer/Lessee:			
Address of Property for which Certification is being Requested:				
Tax Parcel Number:				
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PLEASE CHECK WHICH CERTIFICATION TYPES ARE BEING REQUESTED  Zoning Certification Present Use in Compliance with Zoning Ordinance Proposed Use in Compliance with Zoning Non-Conforming Use				
PROVIDE STATEMENT OF PROPOSED USE OF PROPERTY				
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PROVIDE STATEMENT OF EXISTING USE OF PROPERTY				
Single Fam	FEES Application Fee	75.00 (Each Certificat		