

NAME:

ADDRESS:

PHONE No:

Location:

## BENSALEM TOWNSHIP

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

## REQUEST FOR INFORMATION **APPLICATION**

Buc	County, PA	REQUEST FOR IN	<b>FORMATION</b>		
		APPLICA	TION	Permit #	
				Date	
NAME:					
ADDRESS	:				
PHONE No	D:		FAX No:		
	PLEASE RES	EARCH THE FOLLOWING  Note: One property per		ED AT:	
_ocation:					
TAX PARC	EL No.:	02 -			
ADDITIONAL INFORMATION:					
SPECIFIC INFORMATION BEING REQUESTED:					
	OT WANT CODIES				
	OT WANT COPIES				
I WANT COPIES OF THE INFORMATION FOUND AND ACKNOWLEDGE THE COST OF \$.25 PER PAGE					
LARGE	PRINTS WILL BE SE	NT OUT TO BE COPIED AN	D CHARGED AT ACTU	AL COST.	
NOTE:					
nformation requested requires a five (5) day waiting period to allow time for research.					
f research requires additional time, applicant will be contacted to sign an approval for a 30 day extension of time.					
OFFICE USE ONLY					
EES:	Total number of pages:		\$.25/ per pag	e \$	
	Total number of plans:		/ ner nag	م ا د	