BENSALEM TOWNSHIP Building and Planning Department Office 215-633-3644 • Fax 215-633-3753				
2400 Byberry Road • Bensalem, PA 19020 NON-OWNER OCCUPIED DWELLING UNIT LICENSE APPLICATION				
		_	Date License # Tax Parcel # oplication Year	
OWNER'S NAME				
OWNER'S ADDRESS				
CITY	STATE		ZIP	
PHONE No.	EMAIL			
	PAYMEN	IT ENCLOSED	\$	
			(#0	JNITS X \$15.00)
NAME OF TENANT(S)		<u>UNIT No.</u>		
2.				
3.				
4.				
5.				
I/We certify that all of the above statements are true and correct to the best of my knowledge, and understand that false statements are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.				
Owner Signature	Title		<u> </u>	Date
I/We further certify that the person named below, has been designated to act as my legal representative in relation to the above property.				
AGENT'S NAME				
BUSINESS ADDRESS				
MAILING ADDRESS				
PHONE No.				
Email ADDRESS				
I certify that I am the legal agent of the above person/people in relation to the above property and that I am empowered to accept service of papers, notices, etc. in relation thereto.				
Agent/Owner Signature Date				

A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT Rev 10/2014