

BENSALEM TOWNSHIP



Building and Planning Department
2400 Byberry Road
Bensalem, PA 19020
Office (215) 633-3644

ATTENTION SCAM ALERT

IMPORTANT NOTICE TO ZONING HEARING BOARD APPLICANTS

Beware of Payment Scams

Bensalem Township has been made aware of fraudulent emails and/or text messages requesting payment for Zoning Hearing Board applications.

Please be advised of the following:

- **All required application fees are due at the time your Zoning Hearing Board application is submitted.**
- **No additional fees will be requested by Bensalem Township after your application has been filed**, unless you are contacted directly by Township staff regarding an official matter.
- **Bensalem Township does not send payment links by email or text message.**
- **All payments are made directly to Bensalem Township by check or money order at the time of application submission.**

If you receive an email, text message, or other communication requesting payment through a link or asking for additional fees, **do not click on any links or provide payment information.** These messages may be fraudulent.

If you have any questions about your application or receive a suspicious payment request, please contact the Bensalem Township office directly before taking any action.



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CHECK OFF LIST FOR CODE BOARD OF APPEALS

The items listed below are **requirements** of the application process for the Code Board of Appeals.

Check off the items that accompany this appeal. If item is deemed not applicable put N/A in place of a check mark. If any box is not marked with either a check mark or N/A, the application will be considered incomplete and will not be accepted.

☐	10 copies of Appeal (pages 3 thru 5)
☐	10 copies of Tax Map
☐	10 copies of Deed
☐	10 copies of Agreement of Sale or Lease Agreement
☐	10 copies of Detailed Plan of Proposed Structure
☐	10 copies of deed searches if your application is for certification of non-conforming use
☐	10 copies of exhibits which would include but are not limited to pictures, diagrams, and changes.
☐	Application must be notarized. Original must be submitted.
☐	Applications and all required material as described must be placed in packet form as follows:
	Appeal
	Plot plan
	Tax map
	Deed
	Agreement of sale or lease agreement if applicable
	Detailed plan of proposed structure
	Deed searches, if applicable
	Exhibits and specific code references
☐	Notify all adjoining owners by certified mail. Township will provide a list of adjoining properties to be notified.

The Building & Planning staff members are not authorized to fill out your board application, correlate the above items or answer technical questions. If you are not sure how to go about appealing to the Building Code Board of Appeals, it is advised that you obtain an attorney to help you.

Attached to this checklist is the appeal and instructions on how to fill out the appeal form.

Plot plans may be hand drawn as long as all information is accurate. It must contain all pertinent information. A detailed plan means a plan that shows what you are building.

Tax maps may be obtained either in Doylestown at the courthouse or in the township building. In order for us to provide you with a copy your tax map, you will need your tax parcel number from your tax bills. The courthouse telephone number is 215-355-7497. Ask for tax mapping.

You can obtain a copy of your deed from the Recorder of Deeds office in Doylestown.

Notarization. Have the first copy notarized. When you make copies the notarization will show up on all the copies. Submit all copies **plus** the original.



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Exhibit C-4

Code Board of Appeals

Appeal Number: _____

Township of Bensalem, Bucks County, Pennsylvania Notice of Appeal

Appeal is hereby made by the undersigned from the action of the Code Official.

Check applicable item(s):

- ☐ Application for Validity Challenge
- ☐ Code Official in refusing my application for a building permit dated: _____
- ☐ Special Exception

Appellant Name: _____

Address: _____

Phone No. _____

Owner's Name: _____

Address: _____

Phone No. _____

Attorney Name: _____

Address: _____

Phone No. _____

Interest of appellant, if not owners (agent, lessee, etc.): _____

1. Application relates to the following:

Check items if applicable:

☐

Use

☐

Lot Area

☐

Height

☐

Yards

☐

Existing Building

☐

Proposed Building

☐

Occupancy

☐

Other: (describe) _____

2. Brief description of Real Estate affected:

Tax Parcel Number: _____

Location: _____

Lot Size: _____

Present Use: _____

Proposed Use: _____

Present Zoning Classification: _____

Present Improvement upon Land: _____

Deed recorded at Doylestown in Deed Book: _____ Page _____

Building Code Type of Const. Classification: _____

Building Code Building Use Classification: _____

3. If this is an appeal to challenge, provide a statement and/or basis for challenge to the validity of the zoning ordinance.

4. If this is an Appeal from action of the Administrative Officer, then complete the following:

Date Determination was made: _____

Your statement of alleged error of Zoning Administrative Office: _____

5. Specific reference to section of the applicable code upon which application for special relief (if special or variance is desired). Provide a copy of the specific code reference that is being appealed in each packet.

-
6. Action desired by appellant or applicant (statement of relief sought or special exception desired):

-
-
-
7. Reasons appellant believes board should approve desired action (refer to section or sections of ordinance under which it is felt that desired action may be allowed.

-
-
-
8. Has previous appeal or application for special exception or variance been filed in connection with these premises?

☐ YES ☐ NO

Specifications of errors must state separately the appellant's objections to the action of the zoning administrative office with respect to each question of law and fact which is sought to be reviewed.

I, hereby depose and say that all of the above statements and the statements contained in any papers or plans submitted herewith, are true to the best of my knowledge and belief.

Appellant's or Owner's Signature

Date

Sworn to and subscribed before me this

_____ day of _____ 20____

Notary Public

My commission expires: _____