



# BENSALEM TOWNSHIP

Building and Planning Department  
 2400 Byberry Road • Bensalem PA 19020  
 215-633-3644 • FAX 215-633-3653

## 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.

<input type="checkbox"/>	13 copies of Appeal (pages 3 thru 5)
<input type="checkbox"/>	13 copies of Tax Map
<input type="checkbox"/>	13 copies of Deed
<input type="checkbox"/>	13 copies of Agreement of Sale or Lease Agreement
<input type="checkbox"/>	13 copies of Detailed Plan of Proposed Structure
<input type="checkbox"/>	13 copies of deed searches if your application is for certification of non-conforming use
<input type="checkbox"/>	13 copies of exhibits which would include but are not limited to pictures, diagrams, and changes.
<input type="checkbox"/>	Application must be notarized. Original must be submitted.
<input type="checkbox"/>	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
<input type="checkbox"/>	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.

**Important: the Zoning Hearing Board requires submission of proof of notification, of adjoining property owners before your appeal can be heard.**



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Exhibit C-4

Building and Planning Department  
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## 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Use                     | <input type="checkbox"/> Lot Area          |
| <input type="checkbox"/> Height                  | <input type="checkbox"/> Yards             |
| <input type="checkbox"/> Existing Building       | <input type="checkbox"/> Proposed Building |
| <input type="checkbox"/> Occupancy               |  |
| <input type="checkbox"/> 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.

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

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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.

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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.

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Appellant's or Owner's Signature

Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ 200\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_