

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Website - www.buckinghampa.org



Commercial Building Application

Property Address: _____ Parcel Number: _____

Property Owner: _____ Phone Number: _____

Property Owners Address: _____ E-Mail: _____

Name of Business: _____ Phone Number: _____

Business Mailing Address: _____

Contact at Business: _____ E-Mail: _____

Cost of Improvement: _____

Contractor: _____ Phone Number: _____

Address: _____ E-Mail: _____

New Electric: Yes _____ No _____ Electrical Inspection Agency: _____

Proposed Use Group: _____ Number of Stories: _____

Number of Parking Spaces: _____ Number of ADA Parking Spaces: _____

Does the proposed use involve the storage of hazardous materials such as flammable, explosives or compressed gases? If yes, attach details and storage quantities. Yes _____ No _____

Project:

() Accessory Structure, Square Ft _____ () Alteration () New Building, Square Ft _____

() Addition, Square Ft _____ () Roofing () Other _____

For all roofing jobs, please supply a description of work!

Property Owners Signature: _____

Applicants Name: _____

Applicants Signature: _____

Permit Number: _____

Zoning District: _____ Zoning Use: _____ Use Group: _____ Bld Type: _____

Flood Prone Area: **Y/N** Limestone Area: **Y/N**

Zoning Officer Approval: _____ Date: _____

Revised 1/2024