

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8836 • Fax (215) 794-8837
www.buckinghampa.org



DEMOLITION PERMIT REQUIREMENTS

1. COMPLETE APPLICATION, (include signature of owner).
2. ENCLOSE WORKERS' COMP CERTIFICATE OF INSURANCE
3. SUBMIT PLOT PLAN LOCATING BUILDING/S TO BE DEMOLISHED,
4. INCLUDE PICTURES OF THE STRUCTURE/S TO BE DEMOLISHED
5. PROVIDE COPY OF THE PROPERTY DEED.

The cost of a demolition permit is:

- \$75.00 per Residential Primary Building
- \$35.00 per Residential Accessory Building
- \$275.00 per Non-Residential Primary Building
- \$75.00 per Non-Residential Accessory Building
- \$35.00 per Agricultural Building (per PA UCC)

Check should be submitted with application. Check should be made payable to Buckingham Township.



Buckingham Township Building Permit Application

4613 Hughesian Drive
P.O. Box 413
Buckingham, Pa. 18912

Phone: 215-794-8836
Fax: 215-794-8837

✓ Property Owner: _____

✓ Tax Parcel #: _____

✓ Street Address/Location: _____

✓ Phone No.: _____

✓ City/State/Zip _____

✓ Total Cost of Improvement: _____

✓ Contractor: _____

✓ Phone/cell No. _____

✓ Address: _____

Fax No. _____

Electrician: _____

Phone No.: _____

Electrical Inspection Agency: _____

Phone No.: _____

DOES HOUSE HAVE SPRINKLER SYSTEM? YES _____ NO _____

PROJECT:

- () DECK () SHED *LESS THAN 1000 SQFT () SWIMMING POOL
- () PATIO () ACCESSORY STRUCTURE () ADDITION
- (X) OTHER Demolition () BASEMENT ALTERATION

✓ Applicant's Name _____

✓ Applicant's Signature: _____ Date: _____

✓ Property Owner's Signature: _____ Date: _____

Township Use:

UCC Use Group _____	Zoning District _____	Required Permits:
UCC Bldg. Type _____	Zoning Use _____	Zoning _____
Act 222 _____	_____	Building _____
Square Footage _____	_____	Plumbing _____
Limestone _____	_____	Septic Approval _____
Flood _____	_____	Electrical _____
Approved: _____		Other: _____

FEE: _____ Check No.: _____

BUILDING PERMIT # _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' Compensation Law.
_____ Yes _____ No

If the answer is "yes", complete Section B or C below.
If the answer is "no" complete Section C below.

.....
B. Insurance Information:
Name of Applicant _____
Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation
_____ Original Certificate attached.

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

_____ Original Certificate attached.

Policy Expiration Date _____

.....
C. Exemption.... **MUST BE NOTARIZED...**

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

____ **Contractor with no employees.** Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

____ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

____ **Religious exemption** under Worker' Compensation Law.

.....
Signature of applicant: _____

Address: _____

Commonwealth of Pennsylvania
County of _____

On this, the ____ day of _____, 20__, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Buckingham Township Demolition Permit Application

4613 Hughesian Drive, P.O. Box 413
Buckingham, Pennsylvania 18912

Phone Number: 215-794-8836
Fax Number: 215-794-8837

Property Owner: _____

Tax Parcel #: _____

Street Address/Location _____

Phone No.: _____

City/State/Zip: _____

Type of building for which demolition is requested (check as many as apply):

- House
- Barn
- Commercial building: Specify _____
- Outbuilding: Specify _____
- Other: Specify _____

Date or approximate date that building was erected _____

REFER TO TOWNSHIP ORDINANCE 94-10

PLEASE SUBMIT AT LEAST TWO CLEAR PHOTOGRAPHS OF EACH BUILDING FROM DIFFERENT ANGLES.

Are the buildings visible from the road? If not, Historical Commission members may need to enter the property to evaluate the permit application.

Is the property listed on a register of historic buildings?

- ____ Bucks County Register
- ____ Pennsylvania Inventory
- ____ National Register
- ____ Other

Township use:

Township historic inventory status:

- ____ Demolition OK
- ____ Delay for (period of time _____)
- ____ Request meeting with owner