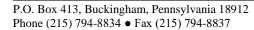
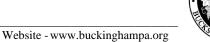
## **BUCKINGHAM TOWNSHIP**







## **Commercial Building Application**

Property Owner:	Parcel Number:
Address:	
Phone Number:	E-Mail:
Location of Property:	
Name of Business:	Phone Number:
Business Mailing Address:	
	E-Mail:
	Phone Number:
	E-Mail:
	Phone Number:
Buckingham Township Plumber Re	egistration Number: E-Mail:
Electrician:	Phone Number:
Electrical Inspection Agency:	Phone Number:
New Electric:	
Total Cos	t of Improvement:
Number of Storie	es: Number of Employees:
<ul><li>New Building: _</li></ul>	Addition:
-	uare Footage of Each Floors:
• Alteration:	Repair: Section of Building:
<ul> <li>Existing Sprinkle</li> </ul>	ers: Y/N How Many Means of Egress:
• Change of Use:	from: to
<ul> <li>Number of Parki</li> </ul>	ng Spaces: Number of ADA Parking Spaces:
Outside Storage	or Displays: Y / N
<ul> <li>Proposed Scope</li> </ul>	of Work:



Revised 4/22

## **BUCKINGHAM TOWNSHIP**

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

## Does the proposed use involve:

- storage, handling, or use of flammable or combustible fibers, liquids, gasses, solids or waste materials? Y/N
- explosives, ammunition or blasting agents? Y/N
- hazardous material or chemicals flammable solids, corrosive liquids, radioactive materials, oxidizing materials, highly toxic materials, poisonous gasses or potentially explosive chemicals? Y / N
- welding or cutting? Y/N

If the answer, to any of the above questions, is yes please explain on another sheet of paper.

Property Owners Signature:
Applicants Signature:
For all roofing jobs, please supply a description of work!
Permit Number:
Zoning District: Zoning Use: Use Group: Bld Type: Flood Prone Area: <u>Y / N</u> Limestone Area: <u>Y / N</u>
Zoning: Building: Fire Marshal: Plumbing: Well: Mechanical: Electric:
Septic Approval:Public Sewer: Public Water: Highway Occupancy:
Zoning Approval: Date: