## **BUCKINGHAM TOWNSHIP**

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



## **Tenant Fit-Out / Change of Occupancy Application**

Property Address:	Parcel Number:
Property Owner:	Phone Number:
Property Owners Mailing Address:	
Applicants Name:	Phone Number:
Applicants Address:	E-mail:
Business Name:	Phone Number:
	Unit Number:
Business Mailing Address:	
Business E-Mail:	
Proposed Use of Property:	
Previous Business:	
Contractor Name:	Phone Number:
Address:	E-Mail:
Electrical Inspection Agency:	New Electric: Y / N
Sprinkler Contractor:	New Sprinklers: Y / N
Total Cost of Project:	
I hereby certify that the proposed use is authoronform to all applicable laws of this jurisdict	•
Applicants Name:	
Applicants Signature:	
Property Owners Signature:	

Business Nam	e:	
Estimated Dat	e of Occupancy:	
	osed use of building or portion of building including operations, products, and  y	
Portion of buil	lding to be occupied:	
Square Feet of	f unit to be occupied:	
Number of off	E-street parking spaces:	
Number of em	ployees:	
Type of outsid	le storage / display proposed:	
*:	*****************	
Does the prop	osed use involve the following?	
• The sto	orage handling or use of flammable or combustible fibers, liquids, gasses solids or	
waste	materials? Y/N	
• Explos	sives, ammunition or blasting agents? Y/N	
<ul> <li>Hazardous material or chemicals (corrosive liquids, radioactive material, oxidizing</li> </ul>		
materi	als, highly toxic materials, poisonous gasses, or potentially explosive chemicals)?	
Y/N	If the answer is yes explain on separate sheet of paper.	
	Permit Number:	
	Fee: Check Number:	
	Zoning Approval: Date:	
	Zoning Notes:	
	Revised 2/2022	