BUCKINGHAM TOWNSHIP

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



FLOODPLAIN QUESTIONNAIRE

Property Owner:		Tax Parcel Number:
Street Address:		Phone Number:
City, State, Zip:		E-Mail:
Applicant (If Differen	nt):	
Street Address:		Phone:
City, State, Zip:		E-Mail:
Brief Description of	Project:	
- 1		ial Flood Hazard Zone*?
		cated within a Special Flood Hazard Zone*? Yes No
• •		
	g bodies of water (ponds) or rty? Yes No	water courses (creeks, streams, rivers, or water channels)
If so, please describe:		
If you answered y	ves to any of the questions a	ons above are no, simply sign and date. above, sign below and complete a Floodplain application.
Property Owner's Signature:		Date:
	_	
Applicant's Signature:		Date:
Zo	_	dministrator Approval: te:
FI	oodplain permit required. Y	es NoPermit Number:
*	•	odplain Viewer for detailed information: cks.pa.us/apps/floodplainviewer/