

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
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Website - www.buckinghampa.org



Demolition Application

Property Owner: _____ Parcel Number: _____

Street Address: _____ Phone Number: _____

City/State/Zip: _____ E-Mail: _____

Contractor: _____ Phone Number: _____

Address: _____ E-Mail: _____

Location of Demolition: _____ Cost of Demolition: _____

Type of building for which demolition is requested:

- ☐ Agricultural Building per the UCC
- ☐ Residential Primary Building
- ☐ Residential Accessory Building
- ☐ Swimming Pool
- ☐ Commercial Building – Primary Y / N or Accessory Building Y / N

Approximate date building was erected _____ Any fuel storage tanks on property? Y / N

Is the property listed on a register of historic buildings?

_____ Bucks County Register _____ National Register
_____ Pennsylvania Inventory _____ Other

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

Applicant's Name: _____

Applicants Signature: _____

Property Owner's Signature: _____

Permit Number: _____

Fee: _____ Check Number: _____

Zoning Approval: _____ Date: _____

Revised 1/2026