

# BUCKINGHAM TOWNSHIP

Fire Marshal's Office ~ P.O. Box 413, Buckingham, Pennsylvania 18912  
Phone (215) 794-8836 • Fax (215) 794-8837  
Website: [www.buckinghampa.org](http://www.buckinghampa.org)



Dear Business Owner,

According to our records your Annual Fire Prevention Inspection Permit has expired or is currently due.

All non-residential use and businesses within Buckingham Township require an Annual Fire Prevention Inspection Permit. These inspections insure the safety of our community and the firefighters who serve the Township.

In accordance with Township Ordinance #2004-03, the Pennsylvania Uniform Construction Code and the 2009 edition of the International Fire Code, enclosed is the necessary paperwork for filing your Annual Fire Prevention Inspection Permit.

Please return the completed applications, within 15 days, to the Fire Marshal's Office with a check for the amount of \$65.00, made payable to Buckingham Township. If available please include or e-mail with applications a drafted floor plan showing the required information to [jkettler@buckinghampa.org](mailto:jkettler@buckinghampa.org). Also, please fill out the attached Emergency Contact List currently being maintained by the Police Department.

Buckingham Township Fire Marshal  
PO Box 413  
Buckingham, PA 18912

A fire inspection will take place after we receive your application. If you need to schedule a specific date and time for the inspection, please contact our office so we can schedule a mutually agreeable time. **PLEASE SEE REVERSE SIDE FOR APPLICATIONS.**

Respectfully,

A handwritten signature in black ink, appearing to read "J. Kettler", with a long horizontal line extending to the right.

James M. Kettler  
Fire Marshal, CFI, CFPS



**DON'T LET A FIRE BE YOUR FAULT!**



DON'T LET A FIRE BE YOUR FAULT!



**BUCKINGHAM TOWNSHIP FIRE MARSHAL'S OFFICE  
FIRE PREVENTION PERMIT APPLICATION**

Business Name:

Business Phone:

Business Address:

Business Mailing Address:

Business Owner:

Business Owner Phone:

Business Owner Address:

E-mail:

***PLEASE CHECK EMERGENCY LIGHTING UNITS AND EXITS SIGNS PRIOR TO  
RETURNING YOUR APPLICATION***

A FLOOR PLAN MUST BE SUBMITTED TO THE TOWNSHIP. If available please include or e-mail a drafted floor plan showing the required information to: [jkettler@buckinghampa.org](mailto:jkettler@buckinghampa.org). The basic floor plan should include gas/electric utilities and shut off's, hazardous material storage area, exit doors, stairs and any other information that might be of importance to the fire department.

**PREFERRED INSPECTION DAY: M \_\_, T \_\_, W \_\_, T \_\_, F \_\_ PREFERRED TIME: AM \_\_, PM \_\_**

Please return this completed form, emergency contact list and floor plan to the following address:

TO: BUCKINGHAM TOWNSHIP  
FIRE MARSHAL'S OFFICE  
PO BOX 413  
BUCKINGHAM, PA 18912

**OFFICE USE ONLY**

Fire Prevention Certificate Number:

**Fee: \$65.00 first notice, \$75.00 second notice, \$100.00 notice of violation**

Date Inspection Completed:



# **BUCKINGHAM TOWNSHIP POLICE DEPARTMENT**

4613 Hughesian Drive, PO Box 443, Buckingham, PA 18912

Business# (215) 794-8812

Fax# (215) 794-9081

Hours: 7:30am – 4:00pm

Chief Michael Gallagher

## **EMERGENCY CONTACT LIST**

The Buckingham Township Police Department is updating its Emergency Contact List for businesses and addresses in our coverage area. This list is to be used by emergency services personnel during after hours should an emergency arise. Information is stored confidentially and used only in emergencies. You may want to post a copy of it in a prominent location so that personnel could find it, as well as, a reminder to keep it updated as changes occur.

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address (Include office, suite number): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone Numbers: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alarm Company & Phone Number: \_\_\_\_\_

Does your business have Recording Video Surveillance Cameras:  Exterior  Interior

Is there a Knox Box: Yes \_\_\_ No \_\_\_

***IN CASE OF EMERGENCY, please contact the following in this order;***

Name	Title	Home Address	Home/Cell Phone Number