

BUCKINGHAM TOWNSHIP

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

Website - www.buckinghampa.org



Mechanical Application Heating/Air, Solar or Generator

Property Owner: _____ **Parcel Number:** _____

Street Address: _____ **Contact Number:** _____

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

Contractor: _____ **Contact Number:** _____

Address: _____ **E-Mail:** _____

Costs:

- Electrical \$ _____
- Plumbing \$ _____
- Heat / Air, Solar, or Generator, Etc. \$ _____ New or Replacement

Total Cost of improvement: \$ _____

New Electric: Y / N **Name of Electrical Underwriter:** _____

Applicant's Name: _____

Applicant's Signature: _____

Property Owner's Signature: _____

Zoning Officer Approval: _____

Zoning District: _____ **Zoning Use:** _____

Approval Date: _____ **Sq. Footage:** _____

Fee: _____ **Check Number:** _____

Permit Number: _____

Revised 6/15