

BUCKINGHAM TOWNSHIP

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

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:

- House
- Barn
- Outbuilding – Specify _____
- Commercial Building – Specify _____
- Other – Specify _____

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
- _____ Pennsylvania Inventory
- _____ National Register
- _____ Other

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

Applicant's Name: _____

Applicants Signature: _____

Property Owner's Signature: _____

<p>Permit Number: _____</p> <p>Fee: _____ Check Number: _____</p> <p>Zoning Approval: _____ Date: _____</p>
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