

# BUCKINGHAM TOWNSHIP

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Website - [www.buckinghampa.org](http://www.buckinghampa.org)



## Home Occupation Application

Property Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

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

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

Applicants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicants Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Previous Business: \_\_\_\_\_

I hereby certify that the proposed use is authorized by the owner of record and we agree to conform to all applicable laws of this jurisdiction.

Applicants Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

**Please include a plan of the area to be used as a home office. A \$75.00 fee due at time of application.**

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

Estimated Date of Occupancy: \_\_\_\_\_

Describe proposed use of building or portion of building including operations, products and general activity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Portion of building to be occupied: \_\_\_\_\_

Square Feet of unit or building to be occupied: \_\_\_\_\_

Number of off street parking spaces: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Type of outside storage / display proposed: \_\_\_\_\_

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If answers to any of the below questions is YES please explain in detail on the back of this application.

Does the proposed use involve the following?

- The storage, handling or use of flammable or combustible fibers, liquids, gasses solids or waste materials? \_\_\_\_ Yes \_\_\_\_ No
- Explosives, ammunition or blasting agents? \_\_\_\_ Yes \_\_\_\_ No
- Hazardous material or chemicals (corrosive liquids, radioactive material, oxidizing materials, highly toxic materials, poisonous gasses or potentially explosive chemicals)? \_\_\_\_ Yes \_\_\_\_ No

Zoning Approval _____	Date _____
Permit Number _____	
Zoning Notes _____	
Septic Approval _____	
Highway Approval _____	