

BUCKINGHAM TOWNSHIP

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

Website - 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 \$80.00 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: _____

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

Permit Number: _____
Zoning Approval: _____ Date _____
Zoning Notes: _____
Zoning Use: _____
Septic Approval: _____
Highway Approval: _____
9/12/2017