

BUCKINGHAM TOWNSHIP

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

Website - www.buckinghampa.org



Residential Building & Zoning Application

Property Owner: _____ Tax Parcel Number: _____

Street Address: _____ Phone Number: _____

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

Total Cost of Improvement: _____

Contractor: _____ Phone Number: _____

Address: _____ E-Mail: _____

Electrician: _____ Phone Number: _____

Electrical Inspection Agency: _____

Does house have a sprinkler system? Yes ____ NO ____

Project:

- | | | |
|---|--|--|
| <input type="checkbox"/> Deck, Height _____ | <input type="checkbox"/> Shed, Sq Feet _____ | <input type="checkbox"/> Addition, Sq Feet _____ |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Pool / Spa | <input type="checkbox"/> Basement Alteration | <input type="checkbox"/> Other _____ |

Applicant's Name: _____

Applicant's Signature: _____

PROPERTY OWNERS SIGNATURE: _____

Zoning District _____	<u>Required Review</u>
Zoning Use _____	Building _____
UCC Use Group _____	Zoning _____
UCC Bld Type _____	Plumbing _____
Sq. Footage _____	Fire Marshall _____
Limestone _____	Stormwater _____
Flood _____	Other _____
Zoning Officer Approval: _____	Date: _____
Permit Number _____	Fee: _____
	Check Number: _____
	Revised 12/15