

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
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Tenant Fit-Out / Use & Occupancy 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: _____
Business Mailing Address: _____
Business E-Mail: _____
Existing Use of Property: _____
Proposed Use of Property: _____
Previous Business: _____

Contractor Name: _____ Phone Number: _____
Address: _____ E-Mail: _____
Electrical Inspection Agency: _____ New Electric: Y / N

Total Cost of Project: _____

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: _____
Property Owners Signature: _____

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 to be occupied: _____ Sprinklers: _____

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 If the answer is yes explain on separate sheet of paper.

Permit Number: _____
Fee: _____ Check Number: _____
Zoning Approval: _____ Date: _____
Zoning Notes: _____
Revised 5/2017