

BUCKINGHAM TOWNSHIP

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

Website - www.buckinghampa.org



New Home Application

Property Owner: _____ Tax Parcel Number: _____

Street Address: _____ Phone Number: _____

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

Location of New House: _____

Contractor: _____ Phone Number: _____

Address: _____ E-Mail: _____

Electrical Inspection Agency: _____ Plumber: _____

Sprinkler Contractor: _____

Subdivision: _____ Lot Number: _____ Model: _____ Elevation: _____

Total Cost of Improvement: _____ Options Selected: _____

Number of Stories: _____ Total Sq Footage: _____ Sq Footage of Land Area: _____
Number of Bathrooms: _____ Number of Bedrooms: _____ Finished Basement: Yes / No

Applicant's Name: _____

Applicant's Signature: _____

Property Owners Signature: _____

Building: _____ Zoning: _____ Plumbing: _____ Well: _____ Public Sewer: _____
Public Water: _____ BCDH / Septic Approval: _____ Fire Marshal: _____
Driveway: Township or Penn Dot

Zoning District: _____ UCC Use Group: _____ Limestone Area: _____
Zoning Use: _____ UCC Bld Type: _____ Flood Area: _____

Zoning Approval: _____
Fire Marshal Approval: _____

PB _____ Fee: _____ Check Number: _____
PZ _____ Fee: _____ Check Number: _____