

BUCKINGHAM TOWNSHIP

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

Website - www.buckinghampa.org



Tenant Fit-Out / Change of Occupancy Application

Property Address: _____ Parcel Number: _____
Property Owner: _____ Phone Number: _____
Property Owners 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
Sprinkler Contractor: _____ New Sprinklers: 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: _____

Number of off-street parking spaces: _____

Number of employees: _____

Type of outside storage / display proposed: _____

Does the proposed use involve the following?

- The storage handling or use of flammable or combustible fibers, liquids, gasses solids or waste materials? Y / N
- Explosives, ammunition or blasting agents? Y / N
- Hazardous material or chemicals (corrosive liquids, radioactive material, oxidizing materials, highly toxic materials, poisonous gasses, or potentially explosive chemicals)? Y / N If the answer is yes explain on separate sheet of paper.

Permit Number: _____

Fee: _____ Check Number: _____

Zoning Approval: _____ Date: _____

Zoning Notes: _____

Revised 2/2022