

# BUCKINGHAM TOWNSHIP

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

Website - [www.buckinghampa.org](http://www.buckinghampa.org)



## Change of Occupancy Application

Property Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owners Mailing Address: \_\_\_\_\_

Property Owners E-Mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Previous Occupant: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_

Estimated Date of Occupancy: \_\_\_\_\_ Square Feet of Unit to be Occupied: \_\_\_\_\_

Portion of Building to be Occupied: \_\_\_\_\_

Number of off-Street Parking Spaces: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Describe Proposed Use of Buildings Including Operations, and Products: \_\_\_\_\_

Does the proposed use involve the storage of hazardous materials such as flammable, explosives or compressed gases? If yes, attach additional details and storage quantities.

Applicants Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Property Owners Signature: \_\_\_\_\_

Permit Number: _____
Fee: _____ Check Number: _____
Zoning Approval: _____ Date: _____
Zoning Notes: _____

Revised 1/2025



DON'T LET A FIRE BE YOUR FAULT!

## BUCKINGHAM TOWNSHIP FIRE MARSHAL'S OFFICE FIRE PREVENTION APPLICATION

Business Name:

Business Phone:

Business Address:

Business Mailing Address:

Business Owner:

Business Owner Phone & E-Mail:

Business Owner Address:

Business E-Mail:

### PLEASE CHECK EMERGENCY LIGHTING UNITS AND EXITS SIGNS PRIOR TO RETURNING YOUR APPLICATION

A floor plan must be submitted to the Township. Please include or e-mail the floor plan to: [jkettler@buckinghampa.org](mailto:jkettler@buckinghampa.org). The floor plan should show utilities and shut off's, hazardous material storage area, exit doors, and stairs.

**In order to schedule inspections during business hours please indicate days and times you are open.**

**Days: M\_\_\_, T\_\_\_, W\_\_\_, T\_\_\_, F\_\_\_ Time: \_\_\_\_\_**

Please return this completed form, emergency contact list, and floor plan to the following address:

TO: BUCKINGHAM TOWNSHIP  
FIRE MARSHAL'S OFFICE  
PO BOX 413  
BUCKINGHAM, PA 18912

### OFFICE USE ONLY

Fire Prevention Certificate Number:

**Change of Occupancy / Fire Prevention Fee \$325.00**

Plan your fire exit today!



# **BUCKINGHAM TOWNSHIP POLICE DEPARTMENT**

4613 Hughesian Drive, PO Box 443, Buckingham, PA 18912

Business# (215) 794-8812

Fax# (215) 794-9081

Hours: 8:00am - 4:00pm

## **EMERGENCY CONTACT LIST**

The Buckingham Township Police Department is updating its Emergency Contact List for businesses and addresses in our coverage area. This list is to be used by emergency services personnel during afterhours should an emergency arise. Information is stored confidentially and used only in emergencies. You may want to post a copy of it in a prominent location so that personnel could find it, as well as a reminder to keep it updated as changes occur.

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address (Include office, suite number): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone Numbers: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alarm Company & Phone Number: \_\_\_\_\_

Does your business have Recording Video Surveillance Cameras:  Exterior  Interior

Is there a Knox Box: Yes \_\_\_ No \_\_\_

***IN CASE OF EMERGENCY, please contact the following in this order.***

Name	Title	Home Address	Home/Cell Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____