

BUCKINGHAM TOWNSHIP

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

Website - www.buckinghampa.org



Mechanical Application

Property Owner: _____ **Parcel Number:** _____

Street Address: _____ **Phone Number:** _____

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

Contractor: _____ **Phone Number:** _____

Address: _____ **E-Mail:** _____

Cost:

- Generator \$ _____
- Fuel Burning Appliance \$ _____
- Heat / Air Conditioning \$ _____ New or Replacement
- Solar / Other \$ _____

Propane **Y / N** **Natural Gas:** **Y / N** **provide natural gas diagram**

New Electric: Y / N **Name of Electrical Underwriter:** _____

Applicant's Name: _____

Applicant's Signature: _____

Property Owner's Signature: _____

Zoning District _____	Zoning Use _____
Zoning Officer Approval: _____	Date: _____
Permit Number: _____	
Revised 2/2025	