



UPPER CHICHESTER TOWNSHIP

License and Inspection Department
www.upperchichester.org

Phone: 610-485-5719

Fax: 610-485-3615

PHYSICAL (GPS) ADDRESS:
8500 Furey Road
Upper Chichester, PA 19014

MAILING ADDRESS:
PO Box 2187
Upper Chichester, PA 19061

ELECTRICAL PERMIT APPLICATION

Property Information (location where work is being performed)

Name	Business Name (If Applicable)	Phone	Email
------	-------------------------------	-------	-------

Property Address (Street, City, State, Zip, Apt/Suite #)

Cost of Construction \$ _____

Please provide the cost of construction for the ELECTRICAL portion of this project only.

TYPE OF IMPROVEMENT

<input type="checkbox"/> New Building/Construction	<input type="checkbox"/> Repair, Replacement	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other _____

PROPOSED USE:

Residential

One or Two Family

Two or More Family: # Units _____

Garage

Other _____

Non-Residential

Amusement, Recreational

Church, Other Religious

School, Library, Educational

Parking Garage

Service Station

Hospital, Institutional

Office, Bank, Professional

Public Utility

Stores, Mercantile

Industrial

Tanks, Towers

Other: _____

DESCRIPTION OF WORK. Please attach drawing or plan.

Call 811 or visit www.call811.com BEFORE YOU DIG

SERVICES

TOTAL SERVICE AMP _____ ELECTRICAL FOR HVAC SYSTEM ____ YES ____ NO
 NUMBER OF SERVICE OUTLETS TO BE INSTALLED 110 V _____ 220V _____
 # OF CIRCUITS TO BE INSTALLED 2 WIRE _____ 3 WIRE _____ 4 WIRE _____

ROOMS	QTY	OUTLET TYPE	ROOMS	QTY	OUTLET TYPE

APPLICANT, PLEASE CIRCLE: OWNER CONTRACTOR OTHER _____

PROPERTY OWNER	NAME	PHONE	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)		

CONTRACTOR	NAME	PHONE	PA LICENSE #	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)			

ARCHITECT OR ENGINEER	NAME	PHONE	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)		

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE AND FEDERAL LEGISLATION. Please provide signed contract between contractor and owner of property, if property owner is not the party signing this form.

Signature	Date
-----------	------

Township Use Only: INITIALS _____ FOLIO: _____ AMOUNT: _____ CHECK NUMBER _____ CASH Is this site located within an identified flood hazard area? YES NO	Building Code Official Use Only: APPROVED DENIED SIGNATURE: _____ DATE: _____ SEE PERMIT FOR COMMENTS.
---	---

Township Use Only:

Township Flood Plain Administrator Signature: _____
 Date: _____
 PLEASE SEE ATTACHED INFORMATION