

# UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187

UPPER CHICHESTER, PA 19061

License & Inspections Department

Ph: 610.485.5719

www.upperchichester.org

Fax: 610.485.3615

## ELECTRICAL PERMIT APPLICATION

### OWNER AND BUILDING INFORMATION

|                        |            |             |   |   |
|------------------------|------------|-------------|---|---|
| Owner or Business Name |            | Phone       |   |   |
| Street Address         |            | Apt         | Zip   | Zoning  |
| Subdivision            | Lot Number | Parcel Type | <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial<br><input type="checkbox"/> Other _____ |

**COST OF CONSTRUCTION \$** \_\_\_\_\_

### TYPE OF IMPROVEMENT

- 1  New Building
- 2  Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 11)
- 3  Alteration (See 2 above)
- 4  Repair, Replacement
- 5  Pool

### OWNERSHIP

- 6  Private  
(Individual, Corporation, Non-profit Institution, etc.)
- 7  Public  
(Federal, State, or Local Government)

### PROPOSED USE - For "Wrecking" most recent use

#### Residential

- 8  One or Two Family
- 9  Two or More Family  
*Enter Number of Units \_\_\_\_\_*
- 10  Garage
- 11  Other - Specify  
\_\_\_\_\_  
\_\_\_\_\_

#### Non-Residential

- 12  Amusement, Recreational
- 13  Church, Other Religious
- 14  Industrial
- 15  Parking Garage
- 16  Service Station, Repair Garage
- 17  Hospital, Institutional
- 18  Office, Bank, Professional

- 19  Public Utility
- 20  School, Library, Educational
- 21  Stores, Mercantile
- 22  Tanks, Towers
- 23  Other - Specify  
\_\_\_\_\_

Existing Building

### DESCRIPTION OF WORK

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

PERMIT NO. \_\_\_\_\_

\*\*\*CALL 811 OR VISIT [www.call811.com](http://www.call811.com) BEFORE YOU DIG\*\*\*

**SERVICES**

| TOTAL SERVICE AMP _____         |     |             | NUMBER OF SERVICE OUTLETS TO BE INSTALLED _____ |        |             |
|---------------------------------|-----|-------------|---|--------|-------------|
|                                 |     |             | 110 V   | 220 V  |             |
| NO. OF CIRCUITS TO BE INSTALLED |     |             |   |        |             |
| 2 WIRE                          |     | 3 WIRE      |   | 4 WIRE |             |
| ROOMS                           | QTY | OUTLET TYPE | ROOMS   | QTY    | OUTLET TYPE |
| 1                               |     |             | 7   |        |             |
| 2                               |     |             | 8   |        |             |
| 3                               |     |             | 9   |        |             |
| 4                               |     |             | 10  |        |             |
| 5                               |     |             | 11  |        |             |
| 6                               |     |             | 12  |        |             |

HVAC SYSTEM ELECTRICAL  YES

**IDENTIFICATION - To be completed by all applicants**

|                                 |                 |                       |  |
|---------------------------------|-----------------|-----------------------|--|
| <b>Property Owner or Lessee</b> | Name _____      | Mailing Address _____ |  |
|                                 | Phone No. _____ |                       |  |

|                   |                 |                       |                      |
|-------------------|-----------------|-----------------------|----------------------|
| <b>Contractor</b> | Name _____      | Mailing Address _____ | PA License No. _____ |
|                   | Phone No. _____ |                       |                      |

|                              |                 |                       |  |
|------------------------------|-----------------|-----------------------|--|
| <b>Architect or Engineer</b> | Name _____      | Mailing Address _____ |  |
|                              | Phone No. _____ |                       |  |

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 authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

|                              |                        |
|------------------------------|------------------------|
| Signature of Applicant _____ | Application Date _____ |
|------------------------------|------------------------|

**VALIDATION**

PERMIT ISSUED \_\_\_\_\_ 20\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_

CASH \$ \_\_\_\_\_

DATE \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Use Group \_\_\_\_\_

Fire Grading \_\_\_\_\_

Live Loading \_\_\_\_\_

Occupancy Load \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_