

Permit

WEST PIKELAND TOWNSHIP
1645 ART SCHOOL ROAD
CHESTER SPRINGS, PA. 19425
PHONE: (610)590-5300 FAX: (610)228-3477

Permit Fees
Insp. Fee \$ _____
Township Fee \$ _____
Total Fee \$ _____

APPLICATION FOR ELECTRICAL PERMIT

NOTE: Additional information, plans and specifications may be required for larger projects

TO SCHEDULE ALL ELECTRICAL INSPECTIONS please call 610-590-4104

OWNER NAME: _____
SITE LOCATON: _____
USE OF PREMISES: _____

NAME OF INSTALLER: _____ PA Reg.# _____
ADDRESS: _____
PHONE # _____ FAX # _____ CELL # _____
ELECTRICIAN PA #: _____
Estimated Cost of Improvement _____

- | | |
|---|--|
| <input type="checkbox"/> 1 & 2 family | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Apt. Building | <input type="checkbox"/> Oil Burning Equipment |
| <input type="checkbox"/> Public/Commercial Building | <input type="checkbox"/> Heater Conversion |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Electric Heat |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Total Outlets |
| | <input type="checkbox"/> Total Circuits |

Description of Electrical work and size of work: _____

I DO HEREBY CERTIFY THAT THE STATEMENT HEREIN ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Print Name

Applicant Signature
Date: _____

Date _____
Approved by E.I. _____
Print Name: _____

Date: _____
Approved by B.C.O. _____
Print Name: _____

Issuance of this permit is contingent upon all work being completed in compliance with the 2003 International Electrical Code including supplements and any other applicable Township Regulations.