



# WHITEHALL TOWNSHIP ELECTRICAL PERMIT APPLICATION

PERMIT #: <b>E#</b> _____ ISSUE DATE: _____
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## SECTION 1 – APPLICANT INFORMATION

**PLEASE PRINT LEGIBLY AND MUST FILL OUT FORM COMPLETELY**

PROPERTY ADDRESS: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is hereby made for a permit to install or alter an electrical service and systems and/or heating systems on the premises described herewith. The information provided on this application, together with the electrical plan and/or heating plan, is made part of this application by the Undersigned. It is understood and agreed by the Contractor/Applicant that any error, misstatement, or misrepresentation of material fact, either with or subsequent to the issuance of the permit, without the approval of the Township, shall constitute sufficient grounds for the revocation of this permit and/or prosecution for violation of Township Ordinances. I agree that all work authorized under this permit shall be in accordance with Whitehall Township Ordinances and has been authorized by the Owner of record to make the within application.

Signature of Contractor / Applicant: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PLEASE COMPLETE SECTION 2 “WORK TO BE DONE” ON PAGE 2

## SECTION 3 – FEES AND APPROVALS (For Staff Use Only)

<p><b>APPROVAL / DENIAL:</b></p> <p><input type="checkbox"/> ELECTRICAL _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><b>REVIEWER</b></td> <td style="width: 50%; text-align: center;"><b>DATE</b></td> </tr> </table>	<b>REVIEWER</b>	<b>DATE</b>	<p><b>ITEMS TO INCLUDE WITH APPLICATION</b></p> <p><input type="checkbox"/> APPLICATION FEE</p> <p><input type="checkbox"/> PLANS / SPECS</p>	<p><b>FEES:</b></p> <p><input type="checkbox"/> PERMIT FEE \$ _____</p> <p><input type="checkbox"/> P/R FEE \$ _____</p> <p><input type="checkbox"/> TWSP. FEE \$ _____</p> <p><input type="checkbox"/> PA UCC FEE \$ _____</p> <p><b>SUBTOTAL \$</b> _____</p> <p><input type="checkbox"/> APPLICATION FEE* \$ _____</p> <p>CASH / CHECK # _____</p> <p><i>* Application Fees are non-refundable</i></p> <p><b>BALANCE DUE \$</b> _____</p> <p>DATE PAID: _____</p> <p>CASH / CHECK # _____</p> <p><input type="checkbox"/> APPLICANT CALLED / EMAILED</p> <p>DATE: _____</p>
<b>REVIEWER</b>	<b>DATE</b>			
<p><b>CONDITIONS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

## SECTION 2 – WORK TO BE DONE

### ELECTRICAL INFORMATION

**DESCRIPTION OF PROPOSED WORK:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b><u>TYPE OF STRUCTURE:</u></b></p> <p><input type="checkbox"/> 1 or 2 FAMILY DWELLING</p> <p><input type="checkbox"/> COMMERCIAL</p> <p><input type="checkbox"/> MULTI-FAMILY</p> <p><b><u>TYPE OF WORK:</u></b></p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> ALTERATION</p> <p><input type="checkbox"/> OTHER: _____</p>	<p><b><u>APPLICATION FOR:</u></b></p> <p><input type="checkbox"/> WIRING</p> <p><input type="checkbox"/> SERVICE</p> <p><input type="checkbox"/> BONDING</p> <p><input type="checkbox"/> ABOVE GROUND POOL</p> <p><input type="checkbox"/> INGROUND POOL</p> <p><b><u>USE EXISTING WIRING:</u></b></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p><b><u>SERVICE INFORMATION:</u></b></p> <p><input type="checkbox"/> NEW   <input type="checkbox"/> REPAIR   <input type="checkbox"/> REPLACE</p> <p>Size of Service: _____ amp</p> <p>Number of Meters: _____</p> <p>Subpanels: _____</p> <p><input type="checkbox"/> OVERHEAD   <input type="checkbox"/> UNDERGROUND</p> <p><b>PPL JOB#:</b> _____</p> <p><b>PA ONE CALL#:</b> _____</p>	<p><b><u>TOTAL NUMBER OF SIGNS:</u></b> (Use additional sheets if necessary)</p> <p><input type="checkbox"/> WALL MOUNTED _____</p> <p><input type="checkbox"/> FREESTANDING _____</p> <p><b>National Testing Lab#:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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ROUGH WIRING OUTLETS	NUMBER	LIST ALL EQUIPMENT QUANTITIES AND WIRING:
SWITCHES		ELECTRIC HEAT _____ (Watts)
RECEPTACLES		HEAT PUMP _____ AIR CONDITIONER _____ WATER HEATER _____ RANGE _____
LIGHTING		OVEN _____ GARBAGE DISPOSAL _____ DISHWASHER _____ DRYER _____
OTHER		SURFACE UNIT _____ FRACTIONAL H.P. MOTORS _____ SITE LIGHTING _____
		GENERATOR _____ OTHER: _____

### LOW-VOLTAGE ELECTRICAL INFORMATION

<p><b><u>APPLICATION FOR:</u></b></p> <p><input type="checkbox"/> THERMOSTAT SYSTEM</p> <p><input type="checkbox"/> CABLE TELEVISION SYSTEM</p> <p><input type="checkbox"/> SECURITY ALARM SYSTEM</p> <p><input type="checkbox"/> SECURITY CAMERA SYSTEM</p> <p><input type="checkbox"/> VOICE/TELEPHONE SYSTEM</p> <p><input type="checkbox"/> DATA SYSTEM</p> <p><input type="checkbox"/> INTERCOM SYSTEM</p> <p><input type="checkbox"/> FIRE ALARM SYSTEM</p> <p><input type="checkbox"/> ACCESS CONTROL SYSTEM</p> <p><input type="checkbox"/> OTHER: _____</p> <p>_____</p> <p>_____</p>	<p><b>IS ALL EQUIPMENT LISTED AND LABEL BY A NATIONALLY RECOGNIZED TESTING LAB?</b></p> <p><input type="checkbox"/> YES (Supply Documentation)</p> <p><input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)</p> <p><b>ARE ALL PERIPHERALS LISTED AS COMPATIBLE WITH THE POWER SUPPLIES AND CONTROL PANELS?</b></p> <p><input type="checkbox"/> YES (Supply Documentation)</p> <p><input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)</p>
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Revised JUNE 2022