



TO BE ACCEPTED, SOLAR PANEL PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:

- Completed building AND electrical permit applications.** Must be filled out and signed by the contractor or person doing the work.
- Non-refundable application fee** (\$150.00 for commercial, \$60.00 for residential) for *both* the building **and** electrical permit application payable to **Whitehall Township**. You may write out (1) one check for both fees. Additional fees will be due at permit issuance.
- Certificate of insurance** showing Worker's Compensation coverage OR a notarized exemption affidavit form. The insurance certificate must show Whitehall Township as the certificate holder. We do not keep any insurance certificates on file.
- Three (3) sets of construction plans are required.** The plans must include the following:
 - Provide SITE specific stamped documentation from a design professional registered with the State of Pennsylvania verifying if the existing roof structure will support the additional loads from the PV system and if not, what measures must be taken. It should also verify the system is capable of withstanding a minimum of 115 mph wind loads and a ground snow load of 40 psf. UCC 403.42(a)(C).
 - Please provide a roof coverage area calculation.
 - All Documents must reference the currently adopted code of the Township.
 - 2018 IRC – One- and Two-Family Dwellings
 - 2018 IBC – All others
- Contractor must contact the Treasurer (Ext. 1143) for business license status/requirements. No work can be done in the township without a valid license.

ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.

Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT		Zoning District _____
Site Address: _____	Tax Parcel # _____	
Lot # _____	Subdivision/Land Development: _____	Phase: _____ Section: _____

Owner: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Occupant/Tenant: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Contractor: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Architect: _____ Email: _____
 Mailing Address: _____ Phone #: _____

TYPE OF WORK OR IMPROVEMENT (Check One) New Building Addition Alteration
 Repair Demolition Temporary Trailer Sprinkler Other (Shed, Driveway, Fence, etc.)
 Describe the proposed work: _____

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.
 * MANUFACTURED HOUSING BOARD LICENSE # _____
ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)
RESIDENTIAL
 One-Family Dwelling (R-3) Two-Family Dwelling (R-3) Multi-Family (R-2) Hotels (R-1)
NON-RESIDENTIAL Specific Use: _____ Use Group: _____
 Change in Use YES NO If yes, Indicate Former: _____
 Maximum Occupancy Load _____ Maximum Live Load _____

BUILDING/SITE CHARACTERISTICS
Number of Residential Dwelling Units: _____ Existing _____ Proposed _____
Mechanical: Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) _____
Water Service: (Check) Public Private **Sewer Service:** (Check) Public Private
Does or will your building contain any of the following:
Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators: YES NO **Lifts/Moving Walks:** YES NO
Sprinkler System: YES NO **Pressure Vessels:** YES NO
Refrigeration Systems: YES NO

Permit No. _____
Address _____

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN (This section is REQUIRED to be completed)

Is the site located within an identified flood prone area? (Check One) YES NO

What Zone? (Check One) _____ A _____ AE _____ X

Will any portion of the flood prone area be developed? (Check One) YES NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d). Fair Market Value of Structures \$ _____

******Start of work must commence within 180 days from the issuance of permit ******

PROPERTY OWNER CERTIFICATION

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

PROPERTY OWNER SIGNATURE _____ **PRINT NAME** _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure only if there is no contractor involved, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE of Property Owner

Print Name of Property Owner

SIGNATURE of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: _____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS / APPROVALS REQUIRED:

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

APPROVALS:

BUILDING PERMIT DENIED: Date _____ Date Returned _____

BUILDING PERMIT APPROVED: _____ Date _____

ZONING / CODE ADMINISTRATOR _____

Date Issued _____ Date of Inspection _____

BUILDING PERMIT FEE _____ SPRINKLER PERMIT FEE (if appl.) _____

PLAN REVIEW FEE (if appl.) _____ ZONING PERMIT FEE (if appl.) _____

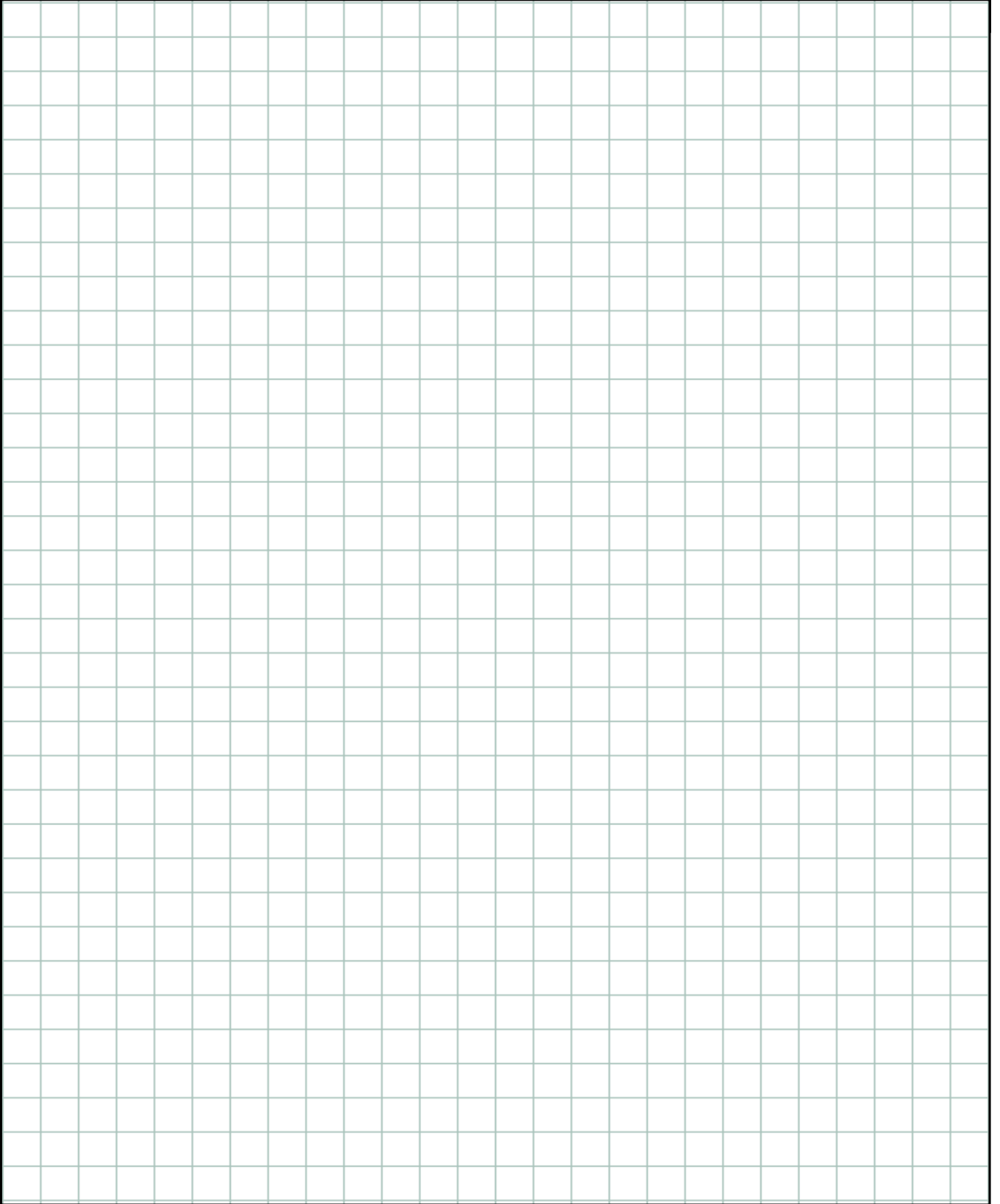
TOWNSHIP FEE _____ APPLICATION FEE (if appl.) _____

PA STATE UCC FEE _____ OTHER _____

TOTAL DUE \$ _____

NOTES:

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-
ALL EXISTING STRUCTURES**





WHITEHALL TOWNSHIP ELECTRICAL PERMIT APPLICATION

PERMIT #: E# _____ ISSUE DATE: _____
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SECTION 1 – APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY. SUBMIT PLANS/SPECS IF APPLICABLE.

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

TENANT NAME: _____ PHONE: _____

CONTRACTOR NAME: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

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.

Application must be filled out and signed by the contractor or person doing the work.

Signature of Contractor / Applicant: _____

PRINT NAME: _____

PROPERTY OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____

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>APPROVAL / DENIAL</p> <p><input type="checkbox"/> ELECTRICAL _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">REVIEWER</th> <th style="width: 30%; text-align: center;">DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>CONDITIONS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	REVIEWER	DATE																	<p>FEES:</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>SUBTOTAL \$ _____</p> <p><input type="checkbox"/> APPLICATION FEE* \$ _____</p> <p>CASH / CHECK # _____</p> <p><i>* Application fees are non-refundable</i></p> <p>BALANCE DUE \$ _____</p> <p>DATE PAID: _____</p> <p>CASH / CHECK # _____</p> <p><input type="checkbox"/> APPLICANT CALLED / EMAILED</p> <p>DATE: _____</p>
REVIEWER	DATE																		

SECTION 2 – WORK TO BE DONE

ELECTRICAL INFORMATION – PLEASE NOTE: Electrical work for deferred submittals (i.e., signage, fire alarms, low voltage) must be listed on a separate electrical permit application when deferred items are submitted for approval.

DESCRIPTION OF PROPOSED WORK: _____

<p><u>TYPE OF STRUCTURE:</u></p> <input type="checkbox"/> 1 or 2 FAMILY DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY	<p><u>APPLICATION FOR:</u></p> <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> BONDING <input type="checkbox"/> ABOVE GROUND POOL <input type="checkbox"/> INGROUND POOL	<p><u>SERVICE INFORMATION:</u></p> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE Size of Service: _____ amp Number of Meters: _____ Subpanels: _____	<p><u>TOTAL NUMBER OF SIGNS:</u> (Use additional sheets if necessary)</p> <input type="checkbox"/> WALL MOUNTED _____ <input type="checkbox"/> FREESTANDING _____
<p><u>TYPE OF WORK:</u></p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER: _____	<p><u>USE EXISTING WIRING:</u></p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND</p> <p>PPL JOB#: _____ PA ONE CALL#: _____</p>	<p>National Testing Lab#</p> _____ _____ _____

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

Revised JANUARY 2025