



TOWNSHIP OF BETHEL

Delaware County, Pennsylvania
 1092 Bethel Road
 Garnet Valley, PA 19060

Phone: 610-459-5565
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 www.twp.bethel.pa.us

APPLICATION FOR ELECTRICAL PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS

LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	SUBDIVISION _____ LOT _____ BLOCK _____	LOT SIZE _____

TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 11) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Pool	OWNERSHIP 6 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.) 7 <input type="checkbox"/> Public (Federal, State, or Local Government)
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PROPOSED USE - For "Wrecking" - most recent use

Residential 8 <input type="checkbox"/> One or Two Family 9 <input type="checkbox"/> Two or More Family - Enter number of units _____ 10 <input type="checkbox"/> Garage 11 <input type="checkbox"/> Other - Specify _____ _____ _____ _____	Non-residential 12 <input type="checkbox"/> Amusement, Recreational 13 <input type="checkbox"/> Church, Other Religious 14 <input type="checkbox"/> Industrial 15 <input type="checkbox"/> Parking Garage 16 <input type="checkbox"/> Service Station, Repair Garage 17 <input type="checkbox"/> Hospital, Institutional 18 <input type="checkbox"/> Office, Bank, Professional	19 <input type="checkbox"/> Public Utility 20 <input type="checkbox"/> School, Library, Other Educational 21 <input type="checkbox"/> Stores, Mercantile 22 <input type="checkbox"/> Tanks, Towers 23 <input type="checkbox"/> Other - Specify _____ _____ _____ _____ <input type="checkbox"/> Existing Building
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DESCRIPTION OF WORK

PERMIT NO.

ELECTRICAL PERMIT APPLICATION

TOTAL SERVICE AMPS		NUMBER OF SERVICE OUTLETS TO BE INSTALLED	110V	220V
NO. OF CIRCUITS TO BE INSTALLED	2 WIRE	3 WIRE	4 WIRE	

ROOMS	NO.	OUTLET TYPE	ROOMS	NO.	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

	Name	Mailing Address
1. Owner or Lessee	Telephone No. _____	
2. Contractor	Telephone No. _____	PA Ucnse No. _____
3. Architect or Engineer	Telephone 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 _____	Address _____	Application Date _____
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VALIDATION

PERMIT ISSUED _____ 20____ PERMIT FEE \$ _____ PLAN REVIEW FEE \$ _____ CHECKNO. _____ CASH \$ _____ DATE _____	<p>FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____	