



# TOWNSHIP OF BETHEL

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

Phone: 610-459-1529  
 Fax: 610-459-2921  
 www.twp.bethel.pa.us

## APPLICATION FOR ELECTRICAL PERMIT

**IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS**

|                             |                     |                                      |
|-----------------------------|---------------------|--------------------------------------|
| <b>LOCATION OF BUILDING</b> | AT (LOCATION) _____ | ZONING DISTRICT _____                |
|                             | SUBDIVISION _____   | LOT _____ BLOCK _____ LOT SIZE _____ |

### TYPE AND COST OF BUILDING

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

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

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

### DESCRIPTION OF WORK

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

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

Date \_\_\_\_\_

**ELECTRICAL PERMIT APPLICATION**

|  |                 |  |                 |                 |
|--|-----------------|--|-----------------|-----------------|
| <b>TOTAL SERVICE AMPS</b>                                  |                 | <b>NUMBER OF SERVICE OUTLETS TO BE INSTALLED</b> | <u>        </u> | <u>        </u> |
|  |                 |  | 110V            | 220V            |
| <b>NO. OF CIRCUITS TO BE INSTALLED</b>                     | <u>        </u> |  | <u>        </u> | <u>        </u> |
|  | 2 WIRE          |  | 3 WIRE          | 4 WIRE          |
| <b>ROOMS</b>   | <b>NO.</b>      | <b>OUTLET TYPE</b>                               | <b>ROOMS</b>    | <b>NO.</b>      |
|  |                 |  |                 |                 |
| 1  |                 |  | 7               |                 |
| 2  |                 |  | 8               |                 |
| 3  |                 |  | 9               |                 |
| 4  |                 |  | 10              |                 |
| 5  |                 |  | 11              |                 |
| 6  |                 |  | 12              |                 |
| <b>HVAC SYSTEM ELECTRICAL</b> <input type="checkbox"/> YES |                 |  |                 |                 |

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

|   |               |                        |
|---|---------------|------------------------|
| <b>Name</b>   |               | <b>Mailing Address</b> |
| 1.<br>Owner or Lessee   |               |                        |
|   | Telephone No. |                        |
| 2.<br>Contractor  |               |                        |
|   | Telephone No. | PA License No.         |
| 3.<br>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       |
|   |               |                        |

**VALIDATION**

|                             |                                |
|-----------------------------|--------------------------------|
| PERMIT ISSUED _____ 20____  | <b>FOR DEPARTMENT USE ONLY</b> |
| PERMIT FEE    \$ _____      |                                |
| PLAN REVIEW FEE    \$ _____ | Use Group _____                |
| CHECK NO. _____             | Fire Grading _____             |
| CASH \$ _____               | Live Loading _____             |
| DATE _____                  | Occupancy Load _____           |
|                             | Approved by: _____             |
|                             | _____                          |
|                             | TITLE _____                    |