



# Charlestown Township

11 General Warren Blvd., Suite 1, Malvern, PA 19355

(610) 240-0326 Fax: (610) 240-0328

[admin2@charlestown.pa.us](mailto:admin2@charlestown.pa.us)

## Uniform Construction Code Electrical Permit Application

### Location of Proposed Work or Improvement:

- Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tax Parcel ID No.: \_\_\_\_\_ Sub-Div. Name & Lot No.: \_\_\_\_\_ Zoning: \_\_\_\_\_
  - Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_
  - Principal Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_
- PA Registration #: \_\_\_\_\_

### Type of Work or Improvement: (check one):

New Building     
  Addition     
  Alteration     
  Repair     
  Demolition  
(Proof of Termination)

Describe Proposed Work: \_\_\_\_\_

Estimated Cost of Electrical Construction \$ \_\_\_\_\_

Service Size: \_\_\_\_\_ Amps      Service Type:       underground       overhead  
 Service Conductor Size: \_\_\_\_\_      Utility Company: \_\_\_\_\_  
 Number of Circuits: \_\_\_\_\_      Job Number: \_\_\_\_\_

*\*Note\* Must contact the Electric Company to ascertain proper location of service and meter panel. Failure to do so may delay power hook-up.*

Number Receptacles: \_\_\_\_\_      Conductor Size: \_\_\_\_\_  
 Number Switches: \_\_\_\_\_      Conductor Size: \_\_\_\_\_  
 Cook Top Voltage: \_\_\_\_\_      Conductor Size: \_\_\_\_\_  
 Oven/Range Voltage: \_\_\_\_\_      Conductor Size: \_\_\_\_\_  
 Dryer Conductor Size: \_\_\_\_\_      Conductor Size: \_\_\_\_\_

Earth Grounding Type and Material (i.e. grounding rod, ground ring, concrete encased electrode, etc.) \_\_\_\_\_

Grounding electrode size: \_\_\_\_\_

Back up Generator:                      Yes              No                      If Yes, Size and Voltage Output \_\_\_\_\_

Description of Building Use: (check one):

<input type="radio"/> <b>Residential</b>  One Family Dwelling	<input type="radio"/> <b>Residential</b>  Two Family Dwelling	<input type="radio"/> <b>Non-Residential</b>  Specific Use: _____ Use Group: _____ Change in Use:      Yes              No <i>(If "Yes," indicate former use):</i> _____
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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 assume 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 provision of the codes or ordinances of the Municipality or any other governing body. The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the property owner or agent 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.***

Date Application Submitted: \_\_\_\_\_

Signature of Property Owner **[MUST BE OWNER ONLY!]**

Print Name of Property Owner **[MUST BE OWNER ONLY!]**

Directions to the Site:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Make checks payable to Charlestown Township\*\*\***

P.O. Box 507, Devault, PA 19432 (610) 240-0326 phone, (610) 240-0328 fax

**Township Use Only**

Date Application Received: \_\_\_\_\_ Permit No: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Application Approved/Denied: \_\_\_\_\_ Plan Reviewed by: \_\_\_\_\_

Zoning Approval and Zoning Permit No.: \_\_\_\_\_ If Denied, State Reason: \_\_\_\_\_