

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

ELECTRICAL PERMIT APPLICATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

If the Permit Application is for a generator and associated with a Home Owners Association a letter must be submitted

PA State Registration # _____ Cert Ins _____ Liability _____ W/C _____

ICC Certification # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner(s) Signature(s) _____ / _____

***ALL names on deed must sign**

Please Print Name(s) _____

Email Address _____ Phone _____

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction.

Contractor's Signature _____

Please Print Name _____ Phone _____

1. Description of Electrical Work & Size of Service _____

2. Attach documentation of proposed work.

3. Cost of Improvement/Work _____

Third Party Required by Willistown Township (Proof of Inspection MUST be sent to Township)

United Inspection Agency, Inc.
35 Clayburgh Road, Thornton, PA 19373
Phone 610.399.5094 Fax 610.399.5126

Please do NOT write below this line

Permit # _____ Date Received _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____