

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 Email: permits@willistown.pa.us

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

PA State Registration # _____ Certificate of Ins Liability W/C
ICC Certification # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

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

All property owners must sign. To check names on the deed, visit: https://arcweb.chesco.org/cv3/Default_CV.html

Print Owner 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 _____ Print Name _____

Phone _____ Email: _____

1. Description of Electrical Work & Size of Service

2. Attach documentation of proposed work. New service requires load calculations at 400A or less. (E3602.2; 2017 NEC; IRC 2018)

3. Cost of Improvement/Work _____ (labor and materials only)

Note: All generator and solar electrical permit applications are required to have both plan review & inspections done by United Inspection Agency.

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 _____