



**WHITEHALL TOWNSHIP
ELECTRICAL
PERMIT APPLICATION**

Non-refundable application fee due at time of submission.

\$60.00 for residential and \$150.00 for commercial. Additional fees will be due at permit issuance.

PERMIT #: **E#** _____

ISSUE DATE: _____

SECTION 1 – APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND MUST FILL OUT FORM COMPLETELY

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

TENANT NAME: _____ PHONE: _____

CONTRACTOR NAME: _____ PHONE: _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

Application is hereby made for a permit to install or alter an electrical service and systems and/or heating systems on the premises described herewith. The information provided on this application, together with the electrical plan and/or heating plan, is made part of this application by the Undersigned. It is understood and agreed by the Contractor/Applicant that any error, misstatement, or misrepresentation of material fact, either with or subsequent to the issuance of the permit, without the approval of the Township, shall constitute sufficient grounds for the revocation of this permit and/or prosecution for violation of Township Ordinances. I agree that all work authorized under this permit shall be in accordance with Whitehall Township Ordinances and has been authorized by the Owner of record to make the within application.

Signature of Contractor / Applicant: _____

PRINT NAME: _____

PROPERTY OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

**PLEASE COMPLETE SECTION 2
“WORK TO BE DONE” ON PAGE 2**

SECTION 3 – FEES AND APPROVALS (For Staff Use Only)

APPROVAL / DENIAL:

☐ ELECTRICAL _____

REVIEWER

DATE

**ITEMS TO INCLUDE
WITH APPLICATION**

- ☐ APPLICATION
FEE
☐ PLANS / SPECS

FEES:

☐ PERMIT FEE \$ _____

☐ P/R FEE \$ _____

☐ TWSP. FEE \$ _____

☐ PA UCC FEE \$ _____

SUBTOTAL \$ _____

☐ APPLICATION FEE* \$ _____

CASH / CHECK # _____

** Application Fees are non-refundable*

BALANCE DUE \$ _____

DATE PAID: _____

CASH / CHECK # _____

☐ APPLICANT CALLED / EMAILED

DATE: _____

CONDITIONS:

SECTION 2 – WORK TO BE DONE

ELECTRICAL INFORMATION – PLEASE NOTE: Electrical work for deferred submittals (i.e., signage, fire alarms, low voltage) must be listed on a separate electrical permit application when deferred items are submitted for approval.

DESCRIPTION OF PROPOSED WORK: _____

<u>TYPE OF STRUCTURE:</u> <input type="checkbox"/> 1 or 2 FAMILY DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY <u>TYPE OF WORK:</u> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER: _____	<u>APPLICATION FOR:</u> <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> BONDING <input type="checkbox"/> ABOVE GROUND POOL <input type="checkbox"/> INGROUND POOL <u>USE EXISTING WIRING:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>SERVICE INFORMATION:</u> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE Size of Service: _____ amp Number of Meters: _____ Subpanels: _____ <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND PPL JOB#: _____ PA ONE CALL#: _____	<u>TOTAL NUMBER OF SIGNS:</u> (Use additional sheets if necessary) <input type="checkbox"/> WALL MOUNTED _____ <input type="checkbox"/> FREESTANDING _____ National Testing Lab#: _____ _____ _____ _____
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ROUGH WIRING OUTLETS	NUMBER	<u>LIST ALL EQUIPMENT QUANTITIES AND WIRING:</u>
SWITCHES		
RECEPTACLES		
LIGHTING		
OTHER		

ELECTRIC HEAT _____ (Watts)
 HEAT PUMP _____ AIR CONDITIONER _____ WATER HEATER _____ RANGE _____
 OVEN _____ GARBAGE DISPOSAL _____ DISHWASHER _____ DRYER _____
 SURFACE UNIT _____ FRACTIONAL H.P. MOTORS _____ SITE LIGHTING _____
 GENERATOR _____ OTHER: _____

LOW-VOLTAGE ELECTRICAL INFORMATION

<u>APPLICATION FOR:</u> <input type="checkbox"/> THERMOSTAT SYSTEM <input type="checkbox"/> CABLE TELEVISION SYSTEM <input type="checkbox"/> SECURITY ALARM SYSTEM <input type="checkbox"/> SECURITY CAMERA SYSTEM <input type="checkbox"/> VOICE/TELEPHONE SYSTEM <input type="checkbox"/> DATA SYSTEM <input type="checkbox"/> INTERCOM SYSTEM <input type="checkbox"/> FIRE ALARM SYSTEM <input type="checkbox"/> ACCESS CONTROL SYSTEM <input type="checkbox"/> OTHER: _____ _____ _____	IS ALL EQUIPMENT LISTED AND LABEL BY A NATIONALLY RECOGNIZED TESTING LAB? <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab) ARE ALL PERIPHERALS LISTED AS COMPATIBLE WITH THE POWER SUPPLIES AND CONTROL PANELS? <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)
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Revised SEPTEMBER 2023