

FOR OFFICE USE ONLY

PERMIT NO _____

ISSUE DATE _____ ISSUED BY _____

PERMIT FEE \$ _____

DENIED DATE _____ DENIED BY _____

CHADDS FORD TOWNSHIP ELECTRICAL PERMIT APPLICATION

10 Ring Road, Chadds Ford, PA 19317 Phone: (610) 388-8800

Fax: (610) 388-5057 E-mail: info@chaddsfordpa.gov

Property Owner _____ Phone No. _____

Address _____ Fax No _____

E-MAIL _____

Property Location _____

Parcel # _____ Zoning District _____

Contractor _____

Address _____ Phone No. _____

_____ Fax No. _____

PA License No. _____ E-MAIL _____

Architect /Engineer _____

Address _____ Phone No. _____

_____ Fax No. _____

PA NO. _____ E-MAIL _____

Type of Improvement	Proposed Use
<input type="checkbox"/> New Building	<input type="checkbox"/> Residential
<input type="checkbox"/> Alteration	<input type="checkbox"/> 1 & 2 Family Dwelling
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage
<input type="checkbox"/> Pool	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Other (Specify below)	<input type="checkbox"/> Commercial (Specify below)

Description of work _____

Cost of Construction \$ _____

Service Amps _____

Generator size _____

PLEASE ATTACH TWO COPIES OF THE ELECTRICAL PLANS

I hereby certify that I am the owner of record of the named property, or 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 authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Chadds Ford Township and certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

Signature _____ Application Date _____

ELECTRICAL PERMIT FEES:

SEE CHADDS FORD TOWNSHIP FEE SCHEDULE