

CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP
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Office Hour: Mon-Fri 1-2 p.m.
& By Appointment

APPLICATION FOR ELECTRICAL PERMIT

ELECTRICIAN	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

Job Address: _____

Tenant: _____
Bldg: _____ Suite: _____

Has a building permit been issued for for this project? Y N

Describe scope of work being performed for which a permit is requested:

Rough Wiring: _____	Lights _____	Service & Meter Equipment _____
	Switches _____	Reintroduction of Power: _____
	Recep _____	Signaling Systems: _____
Swimming Pools: _____		Transformers: _____
Temporary Service: _____		Generators: _____
Electric Signs: _____		Feeders & Sub Panels: _____

Electrician

Property Owner or Agent For Owner

Printed Name of Electrician

Printed Name of Owner or Agent

**BOTH OWNER (OR AGENT FOR OWNER) AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED**

FOR OFFICE USE ONLY

Date Issued: _____

Permit #: _____

Fee Paid: _____

Approved By: _____