



WEST BRADFORD TOWNSHIP
1385 CAMPUS DRIVE
DOWNINGTOWN, PA 19335
 Phone (610) 269-4174
 Fax (610) 269-3016

PERMIT # _____
 2005.1

APPLICATION FOR ELECTRICAL PERMIT

(TWO SETS OF PLANS STAMPED BY A PA CERTIFIED PLANS EXAMINER MUST BE SUBMITTED WITH THIS APPLICATION)
 ROUGH AND FINAL INSPECTIONS REQUIRED

PROPERTY INFORMATION:

Name: _____ Phone: _____
 Address: _____ Cell Phone: _____

CONTRACTOR INFORMATION:

Name: _____ Phone: _____
 Business Name: _____ Phone: _____
 Address: _____ Phone: _____
 _____ FAX #: _____
 Architect's Name: _____ Phone: _____
 Address: _____ FAX #: _____

Improvement Type	0
New Construction	
Addition	
Alteration	
Repair/Replacement	
Garage	
Relocation	

Type	#
Switching Outlets	
Lighting Outlets	
Receptacles	
Range/Oven	
Dryer Electric	
Heating, Electric	
Heat Detectors	
Smoke Detectors	
Annunciate Panel	

Type	#
Bonding, Pool/Vault	
Service Feeders	
HVAC Equipment	
Transformers	
Alarm Devices	
Water Heater	

Name of Third Party Inspection Agency to be used: _____

 Use of Premises: _____

 Is this a result of a violation? _____

ESTIMATED COST:

Describe work to be done:

CERTIFICATION:

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 applications their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS	Fee
Plan Examiner _____ Date _____	
Building Official _____ Date _____	

**TOWNSHIP OF WEST BRADFORD
ADDENDUM TO BUILDING PERMIT**

Building Permit # _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Federal or State Employer Identification Number (EIN) _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policy Holder's Federal or State Employer Identification Number (EIN)

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policy holder to a Stop-Work Order and other fines and penalties as provided by law.

III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

- Applicant is the individual who owns the property.

IV. If an exemption is being claimed, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one);

Contractor/Applicant is a sole proprietorship without employees.

Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

Other. Please explain:

Any subcontractors used on this project will be required to carry their own workers compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a Stop Work Order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss 4904 relating to unsworn falsifications to authorities.

Signature

Title

Name (please print)

Name of Company

Date

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____ 20____.

Notary Public

SEAL

Date Commission Expires



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WEST BRADFORD TOWNSHIP LIABILITY STATEMENT

TO BE COMPLETED BY OWNER OR AN AUTHORIZED AGENT

Owner or authorized agent of property at:

Permit # _____

Property Address

Phone Number

The issuance of this permit is conditioned upon compliance with all facets of the approved permit application and/or the subdivision plan from which this lot was created, to include, but not be limited to, soil erosion controls, stormwater management, grading plan, monument placing and all other details of the subdivision approval.

If, upon inspection, work is being done other than as approved, a Stop Work Order will be issued with the condition that corrections be made before any work is resumed.

If it is necessary to make a change, the proposed change shall be detailed by the applicant and submitted in writing. A written approval must be received prior to proceeding, as requested. Failure to procure written change approval will result in an obligation to construct as originally approved.

When inspection for a Use and Occupancy Permit is made and it is noted that the provisions of the permit issuance and/or subdivision approval have not been accomplished, a Use and Occupancy Permit will NOT be issued.

Print Name

Print Name

Sign Name

Sign Name

Date

Date

THIS PAGE MUST BE COMPLETED & RETURNED WITH YOUR APPLICATION

COMMERCIAL ELECTRICAL PLAN REVIEW REQUIREMENTS

In order to perform a thorough Electrical Plan Review, the following specifications, drawings and details should be submitted (in duplicate drawn to a scale of 1/4" = 1 ft.)

1. Complete plans and specifications of all electrical work.
2. Labeling criteria of all electrical equipment.
3. Lighting floor plan including electrical circuits indicating conduit and wiring sizes.
4. Power floor plans including electrical circuits indicating conduit and wiring sizes, equipment and disconnect switches.
5. Exit sign/means of egress lighting location and power supply.
6. Panelboard schedule
7. Lighting fixture schedule.
8. Symbol schedule and diagrams.
9. Specifications to include requirements for:
 - a. Raceway and conduit with fittings.
 - b. Wire and cable.
 - c. Electrical boxes, fittings and installation.
 - d. Electrical connections.
 - e. Electrical wiring devices.
 - f. Circuit and motor disconnects.
 - g. Hangers and supporting devices.
 - h. Electrical identification.
 - i. Service entrance and details.
 - j. Overcurrent protection.
 - k. Switchboards.
 - l. Grounding.
 - m. Transformers.
 - n. Panelboards.
 - o. Motor control centers.
 - p. Lighting fixtures.
 - q. Emergency/standby systems.