

**ELECTRICAL PERMIT INSTRUCTIONS**  
**Revised 8/18/2015**

Please complete the following forms:

1. Electrical Permit Application
2. Worker's Compensation Insurance Coverage Information
  - a. Provide Certificate of Liability Insurance naming **KENNETT TOWNSHIP, 801 BURROWS RUN ROAD, CHADDS FORD, PA 19317** as the Certificate Holder.
3. UCC Inspection Procedures Statement

The following items are also required:

1. A detailed description of the work being performed. If a new unit is being installed, provide the manufacturer's specifications for the unit.
2. PA Contractor's Registration number.
3. Estimated cost of the project.

**NOTE:** Before the Certificate of Compliance can be issued, a final third party electrical inspection is required.

KENNETT TOWNSHIP  
801 BURROWS RUN ROAD  
CHADDS FORD, PA 19317  
PHONE: 610-388-1300 FAX: 610-388-0461

Permit # _____
Date: _____

## ELECTRICAL PERMIT APPLICATION

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of Kennett Township, Chester County, Pennsylvania

Application for a permit to perform or install (give description of work being done):

Site Address: \_\_\_\_\_ Tax Parcel # 62 - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase/Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ Cost of Electrical Construction: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Electrical layout plans are required. Plans must be submitted to an approved electrical underwriter for plan review. Submit stamped and signed copies to the township. The underwriter is also responsible to conduct rough and final inspections.**

Type of Work:  New Building  Alteration Addition  Repair  Upgrade  Change in use  Tele/Data

Service size: \_\_\_\_\_ AMP Inspection Agency: \_\_\_\_\_

Number of Fixtures: Switches: \_\_\_\_\_ Smoke Detectors: \_\_\_\_\_ Lighting: \_\_\_\_\_

Receptacles: \_\_\_\_\_ Tele/Data Boxes: \_\_\_\_\_ Total Number of Fixtures: \_\_\_\_\_

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of Kennett Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of the codes or ordinances of Kennett Township or any other governing body. I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Print Name of Owner \_\_\_\_\_  
or Authorized Agent: \_\_\_\_\_ or Authorized Agent: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

Permit Denied: Date \_\_\_\_\_ Reason Denied: \_\_\_\_\_

Permit Approved: Date \_\_\_\_\_ Building Code Official \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**  
(attach to building permit application)

**A. The Applicant is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES       NO

If the answer is "yes", complete Sections B and C below as appropriate.

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**B. Insurance Information**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers compensation.

Certificate attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

Certification attached

Policy Expiration Date: \_\_\_\_\_

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**C. Exemption**

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(Seal)

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
County of \_\_\_\_\_

Municipality of \_\_\_\_\_

## UCC INSPECTION PROCEDURES STATEMENT

1. **PLUMBING; MECHANICAL; ELECTRICAL:** To be performed as follows:

- a. **Plumbing:** All underground, encased or otherwise concealed system, shall be inspected including: sanitary system, domestic water service or line, alteration additions to any existing sanitary system, service, drain or any other sanitary drain or line, any domestic water service or line. Pressure tests shall be as follows: sanitary at 5 p.s.i. for 15 minutes, water system at 100 p.s.i. for 15 minutes (well or public systems at twice the pump; static (public) pressure).

Any aboveground sanitary or water system, to be performed; all items listed in "a" above shall be inspected prior to any encasement. Sanitary systems shall be tested at 5 p.s.i. for 15 minutes, water systems at 100 p.s.i. (or twice the static pressure of a well or public water system) for 15 minutes.

- b. **Mechanical:** Any underground or aboveground rough mechanical systems of any type shall be inspected prior to encasement. Business, Commercial, Industrial or other non-residential mechanical systems shall have: balance reports, PA steam boiler license, system operator license, special inspection reports, or other as may be required for compliance with the applicable codes.
- c. **Electrical:** Any electrical work, including low voltage or specialty, applicant shall submit one set of "Third Party Reviewed and Approved" plans. At a minimum, there shall be a "Service", when applicable, "Rough" and "Final" inspection approval by a qualified third party inspection agency. Final inspection approvals shall be placed on the electrical panel(s), and a "cut card" indicating final approval shall be sent to the Township for their permanent record.

I fully understand that it is my responsibility or the responsibility of the person that I have listed below as my designee to call for inspections and that, if inspections are not made according to this procedure, I or my designee may be in violation of the UCC and may be subject to prosecution. I/we also understand that no one may occupy the structure (or portion thereof) until a UCC Certificate of Compliance is obtained.

Name of permit applicant: \_\_\_\_\_

Permit # \_\_\_\_\_

Building Street Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

8/04/2014