

THORNBURY TOWNSHIP, CHESTER COUNTY

800 East Street Road, West Chester PA 19382

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www.thornburytp.com

Fax: 610-399-6714

ELECTRICAL PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name			Phone		
Street Address				Apt	Zip
Subdivision	Lot Number	Parcel Type		Zoning	
		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Industrial <input type="checkbox"/> Other _____	

COST OF CONSTRUCTION \$ _____

TYPE OF IMPROVEMENT	OWNERSHIP
1 <input type="checkbox"/> New Building	6 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.)
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 11)	7 <input type="checkbox"/> Public (Federal, State, or Local Government)
3 <input type="checkbox"/> Alteration (See 2 above)	
4 <input type="checkbox"/> Repair, Replacement	
5 <input type="checkbox"/> Pool	

PROPOSED USE - For "Wrecking" most recent use

Residential	Non-Residential	
8 <input type="checkbox"/> One or Two Family	12 <input type="checkbox"/> Amusement, Recreational	19 <input type="checkbox"/> Public Utility
9 <input type="checkbox"/> Two or More Family <i>Enter Number of Units _____</i>	13 <input type="checkbox"/> Church, Other Religions	20 <input type="checkbox"/> School, Library, Educational
10 <input type="checkbox"/> Garage	14 <input type="checkbox"/> Industrial	21 <input type="checkbox"/> Stores, Mercantile
11 <input type="checkbox"/> Other - Specify _____ _____	15 <input type="checkbox"/> Parking Garage	22 <input type="checkbox"/> Tanks, Towers
	16 <input type="checkbox"/> Service Station, Repair Garage	23 <input type="checkbox"/> Other - Specify _____
	17 <input type="checkbox"/> Hospital, Institutional	
	18 <input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Existing Building

DESCRIPTION OF WORK

PERMIT NO. _____

****CALL 811 OR VISIT www.call811.com BEFORE YOU DIG****

Contact Information for Electrical Inspector:

Please call if you have specific questions or
need to schedule your inspection

Len Warren 610-399-5094

Fax 610-399-5126

IDENTIFICATION - To be completed by all applicants			
Property Owner or Lessee	Name	Mailing Address	
	Phone No.		
Contractor	Name	Mailing Address	PA License No.
	Phone No.		
Architect or Engineer	Name	Mailing Address	
	Phone No.		

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.	
Signature of Applicant	Application Date

VALIDATION	
PERMIT ISSUED _____ 20____	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
PERMIT FEE \$ _____	
PLAN REVIEW FEE \$ _____	
CHECK NO. _____	
CASH \$ _____	Approved by: _____
DATE _____	Title: _____