

GENERATOR PERMIT APPLICATION REQUIREMENTS

NATURAL GAS

1. Electrical Permit Application
2. Mechanical Permit Application
3. Two sets of Generator Specifications
4. Load Calculations
5. Wiring Diagram for the Transfer Switch
6. Site Plan showing Location of Generator
7. Copy of Contract between Contractor and Property Owner
8. Copy of Contractor's PA License

PROPANE / DIESEL

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2. Two sets of Generator Specifications
3. Load Calculations
4. Wiring Diagram for the Transfer Switch
5. Site Plan showing Location of Generator
6. Copy of Contract between Contractor and Property Owner
7. Copy of Contractor's PA License

WHITPAIN TOWNSHIP

960 Wentz Road
Blue Bell, PA 19422

Phone: (610) 277-2400 | Fax: (610) 277-2209
buildingandzoning@whitpaintownship.org

CODE ENFORCEMENT OFFICE ELECTRICAL PERMIT APPLICATION

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

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

Job Address: _____

Tenant: _____
Bldg: _____ Suite: _____

Type of Work

Rough Wiring: _____
Lights: _____
Switches: _____
Receptacles: _____
Fire Alarm/Signaling Systems: _____
Feeders & Sub Panels, Amp: _____
Service & Meter Equipment: _____
Transformer: _____
Generator: _____
Swimming Pool: _____
Sign: _____
Temporary Service, Amp: _____
Reintroduction to Power: _____

Has a Building Permit been issued for this project?

Yes No

Printed Name of Electrician

Signature of Electrician

Printed Name of Property Owner/Agent for Owner

Signature of Property Owner/Agent for Owner

Two (2) Sets of Drawings Required. Commercial Work: Signed & Sealed, Size 24x36.

FOR OFFICE USE ONLY

Date Issued: _____

Permit #: _____

Fee: _____

Approved By: _____

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Telephone (610) 277-2400 | Fax (610) 277-2209
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CODE ENFORCEMENT OFFICE MECHANICAL PERMIT APPLICATION

APPLICANT	
Name:	_____
Address:	_____
Cty/St/Zip:	_____
Phone:	_____
Fax:	_____
E-Mail:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
Cty/St/Zip:	_____
Phone:	_____
Fax:	_____
E-Mail:	_____

Job Address: _____

Tenant: _____
Bldg: _____ Suite: _____

CHECK ALL THAT APPLY:

TYPE OF WORK:

Number of Systems: _____
New System: _____
Modifications to Existing System: _____
Duct Smoke Detection Included: _____
Replace Existing System: _____

TYPE OF FUEL:

Electric: _____
Fuel Oil: _____
Natural Gas: _____
Propane: _____

BUILDING USE:

Single Family Dwelling: _____
Commercial/Office Bldg: _____

Signature of Applicant

Signature of Property Owner
or Agent for Owner

Printed Name of Applicant

Printed Name of Owner or Agent

**BOTH 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: _____
Fee Paid: _____

Permit #: _____
Approved By: _____