



# Aston Township Commercial Electrical Permit

5021 Pennell Road, Phone 610-494-0384, Fax 610-494-8853  
3 % of Total Cost (Labor & Materials) or Minimum \$250

Date of Application \_\_\_\_\_ Permit # \_\_\_\_\_ Folio # \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address/ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Job Site Address \_\_\_\_\_

Contractor Name \_\_\_\_\_ Address/City \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Contractor License Number \_\_\_\_\_ Copy Of Workmen Comp. Certificate Attached \_\_\_\_\_

New Construction \_\_\_ Addition \_\_\_ Emerg. Gen. \_\_\_ Garage \_\_\_ Repair/Replacement \_\_\_ Service Upgrade \_\_\_ Other \_\_\_

Description Of Proposed Improvement:  
\_\_\_\_\_  
\_\_\_\_\_

**Total Cost Of Construction/Improvement** (Includes Labor & Materials) \_\_\_\_\_

**Structural Frame**

Wood \_\_\_\_\_ Steel \_\_\_\_\_ Concrete \_\_\_\_\_ Masonry \_\_\_\_\_ Other \_\_\_\_\_

Exterior Walls Wood \_\_\_ Steel \_\_\_ Concrete \_\_\_ Masonry \_\_\_ Other \_\_\_\_\_

Any Structural Assemblies Fabricated Off Site Yes \_\_\_ No \_\_\_

No. Of Stories \_\_\_\_\_ No. Of Bedrooms \_\_\_\_\_ Full Bath \_\_\_\_\_ No. Partial Bath \_\_\_\_\_ Garage \_\_\_ Fireplace \_\_\_\_\_

Building Area Sq. Ft. \_\_\_\_\_ Basement \_\_\_\_\_ Porch \_\_\_\_\_ Other \_\_\_\_\_

**48 Hour Notice Required To Schedule Individual Required Inspections**

Under penalty of intentional misrepresentation and /or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the ordinances of the Township of Aston and all applicable Building Codes. I realize that the information that I have stated herein, forms a basis for the issuance of the building permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the UCC therewith. Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void.

I hereby certify that I am the owner at this address or that, for the purpose of obtaining this approval, I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding valid Pa. Contractor License.

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Signature of Contractor

**Do Not Use, Department Use Only**

Township Permit Fee \_\_\_\_\_ Building Code Official: \_\_\_\_\_  
 Pa. U.C.C. Surcharge \$4.00 Approval Date: \_\_\_\_\_  
 Total Permit Fees \_\_\_\_\_  
 Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Permit Issued Date \_\_\_\_\_ Zoning Approval \_\_\_\_\_