

ELECTRICAL APPLICATION NOTE: Plans are required for all electrical work exceeding \$1,500.		<h2 style="margin: 0;">Township of Darby</h2> <p style="margin: 0;">21 BARTRAM AVENUE GLENOLDEN, PENNSYLVANIA 19036 610-586-1514 • FAX # 610-586-0779</p>		PERMIT <hr/> COST: <hr/> PERMIT FEE: <hr/>
OWNER OF PROPERTY:	ELECTRICIAN:	DARBY TOWNSHIP LICENSE NO. _____		
ADDRESS:	ADDRESS:	OUTSIDE AGENCY INS.:		
CITY STATE ZIP CODE	CITY STATE ZIP CODE			
PHONE #:	PHONE #:			
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> REPAIR <input type="checkbox"/> NEW CONSTRUCTION				
<input type="checkbox"/> AIR CONDI- TIONING <input type="checkbox"/> OIL BURNING EQUIPMENT <input type="checkbox"/> GAS BURNING EQUIPMENT <input type="checkbox"/> ELECTRIC HEAT <input type="checkbox"/> OTHER (SPECIFY)				
(AIR CONDITIONING AND HEATING MUST ALSO HAVE PLUMBING PERMITS)			DATE ISSUED	
EXPLANATION OF WORK:				
NOTE: ALL ELECTRICAL WORK SHALL CONFORM WITH DARBY TOWNSHIP ELECTRICAL CODE				
I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____ ELECTRICIAN		_____ ELECTRICAL INSPECTOR	DATE COMPLETED <hr/>	