

# UPPER MERION TOWNSHIP EV CHARGING SYSTEM PERMIT

**Upper Merion Township**  
**175 W. Valley Forge Road**  
**King of Prussia, PA 19406**  
**610-265-2608**

Permit fee\*: \_\_\_\_\_  
 PA Surcharge:     \$4.50      
 Total: \_\_\_\_\_

Permit #: \_\_\_\_\_  
 Application Date: \_\_\_\_\_

Commerical \_\_\_\_\_ Residential \_\_\_\_\_ \*Refer to Township Fee Schedule

Manufacturer and Model: \_\_\_\_\_  
 EV Charger is listed by: \_\_\_\_\_  
 Location of Property: \_\_\_\_\_

Charger Level	1	2	3
Quantity			

<u>EV Charging System Information</u>
Operating voltage: _____
Operating Full Load Amps (FLA): _____
Continuous Load Requirements: _____
<ul style="list-style-type: none"> <li>FLA x 1.25 = _____ (this value is minimum conductor allowable ampacity and minimum size overcurrent protective device, i.e. fuses or circuit breaker)</li> <li>Wiring method, material, and conductor size to meet 125% listed above _____</li> <li>Overcurrent protective device type and amp rating _____</li> <li>Note, type NM cable limited to 60°C ampacity</li> </ul>

Proposed start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Prop. Owner's Name: \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_  
 Owner's Phone: \_\_\_\_\_  
 Tenant Name: (if commercial) \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 Contractor Phone: \_\_\_\_\_

Contractor Registration #: (if currently registered) \_\_\_\_\_

The applicant hereby certifies that neither he/she/it, nor his/her/its predecessor(s) in title, have applied for, nor received, a special exception of a variance or other ruling from the Zoning Hearing Board of Upper Merion Township that in any way affects the use or construction on the realty that is the subject of this application, except as follows:

This application will be review by Fire Marshal, Building official and a certified electrical inspection agency. All proposed equipment must meet certified listed and labeled NEC\NFPA Code Requirements.

*The granting of this permit does not ensure compliance with the Americans With Disabilities Act, Public Law 101-336.*

***I swear and affirm that:***

The above statements are true and that all work will be done as described, and in accordance with plans and specifications submitted and that it will comply with all provisions of the applicable ordinances of Upper Merion Township.

***I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.***

Owner or Authorized Agent: \_\_\_\_\_

Print Name

Signature

Phone

**Code Official:** \_\_\_\_\_ **Issued:** \_\_\_\_\_

**Permit Contingent Upon:** \_\_\_\_\_

**This permit does not give the applicant the right to open any public highway.**

Please Print - illegible permit applications will be returned without action.

**ALL HIGHLIGHTED SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED**