

UNITED CODE CONSULTANTS

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Date _____

APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

<u>Application type</u> (Check all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION - OVERHEAD <input type="checkbox"/> SIGN LIGHTING <input type="checkbox"/> UNDERGROUND SERVICE, CONDUCTORS OR FEEDERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> RECONNECT																											
<u>Site Information</u>	MUNICIPALITY: _____ NAME: _____ ADDRESS: _____ _____ CONSTRUCTION COST \$ _____																												
<u>Use/Occupancy classification:</u> (Check all that apply)	<table border="0"> <tr> <td>A-1</td> <td>A-2</td> <td>A-3</td> <td>A-4</td> <td>A-5</td> <td>B</td> <td>E</td> </tr> <tr> <td>F-1</td> <td>F-2</td> <td>H-1</td> <td>H-2</td> <td>H-3</td> <td>H-4</td> <td>H-5</td> </tr> <tr> <td>I-1</td> <td>I-2</td> <td>I-3</td> <td>I-4</td> <td>M</td> <td>R-1</td> <td>R-2</td> </tr> <tr> <td>R-3</td> <td>R-4</td> <td>S-1</td> <td>S-2</td> <td>U</td> <td></td> <td></td> </tr> </table>	A-1	A-2	A-3	A-4	A-5	B	E	F-1	F-2	H-1	H-2	H-3	H-4	H-5	I-1	I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U		
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R-3	R-4	S-1	S-2	U																									
<u>Type of work</u> (check all that apply)	<table border="0"> <tr> <td>New Construction</td> <td>Equipment replacement w/ same amperage rating</td> </tr> <tr> <td>Repair Existing</td> <td>Alteration and/or Extension of System</td> </tr> <tr> <td>Equipment Replacement w/ higher amperage rating</td> <td></td> </tr> </table>		New Construction	Equipment replacement w/ same amperage rating	Repair Existing	Alteration and/or Extension of System	Equipment Replacement w/ higher amperage rating																						
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<u>Required Documentation</u> (Check all submitted with application)	<input type="checkbox"/> 3 complete sets of signed and stamped Engineered electrical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing locations and sizes. Site plan for exterior work. <input type="checkbox"/> Electrical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> If electrical equipment is being installed at exterior of structure an approved zoning application is required.																												
<u>Construction Details</u> (Check all that apply and list number of pieces of equipment next to all that apply)	<input type="checkbox"/> Electrical systems Number of services _____ Size of service _____ Feeder size _____ Number of lineal feet of underground conductors or feeders _____ Number of receptacle and lighting outlets _____ Sub panels _____ Transformers _____ Motors _____ <input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code. <input type="checkbox"/> Installation requires explosion proof devices. <input type="checkbox"/> Installation includes low voltage wiring or systems. Explain _____ <input type="checkbox"/> Installation includes smoke detectors <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____																												
<u>Description of Work</u>	_____ _____ _____ _____																												
<u>Owner Information</u>	Owner's Name: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____																												
<u>Contractor Information</u>	Company Name: _____ Address: _____ _____ Contact Person: _____ Phone: _____ Fax: _____ Email: _____																												

<p><u>Insurance Information</u></p>	<p>Company Name: _____ Address: _____ Policy No.: _____ Exp. Date: _____ Coverage Amount: _____</p> <p>Note: A copy of your insurance certificate must accompany this application.</p>
<p><u>Applicant Signature</u></p>	<p>Print Name: _____</p> <p>Signature: _____ Date _____</p>