



MUNICIPALITY \_\_\_\_\_

# BUILDING SUBCODE

FILL OUT ALL DASHED LINED SECTIONS

DATE RECEIVED \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_  
PERMIT # \_\_\_\_\_

R/N \_\_\_\_\_  
R/O \_\_\_\_\_  
C/N \_\_\_\_\_  
C/O \_\_\_\_\_

**A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Work Site Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Email \_\_\_\_\_

**JOB SUMMARY (OFFICE USE ONLY)**

PLAN REVIEW Date Initial TYPE:

No Plans Required \_\_\_\_\_

All \_\_\_\_\_

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Frame \_\_\_\_\_

Other \_\_\_\_\_

JOINT PLAN REVIEW REQUIRED:

ELEC  PLUMB.  FIRE

SUBCODE APPROVAL

CO  CCO  CA

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

PRESENT USE \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_

HEIGHT OF STRUCTURE \_\_\_\_\_ FT

BUILDING AREA/ ALL FLOORS \_\_\_\_\_ SQ FT

**C. EST. COST OF BUILDING WORK:**

1. NEW BUILDING \$ \_\_\_\_\_

2. ALTERATION \$ \_\_\_\_\_

3. TOTAL ( 1 + 2 ) \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I HEREBY CERTIFY I AM THE (AGENT OF) \_\_\_\_\_

OWNER OF RECORD AND AM AUTHORIZED \_\_\_\_\_

TO MAKE THIS APPLICATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK \_\_\_\_\_

**TYPE OF WORK:**

NEW BUILDING

ADDITION

ALTERATION

ROOFING

FENCE

SIGN \_\_\_\_\_ HEIGHT (EXCEEDS 6 FEET)

POOL \_\_\_\_\_ SQ. FT.

ASBESTOS/LEAD ABATEMENT

OTHER \_\_\_\_\_

DEMOLITION

**FEE (OFFICE USE ONLY)**

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLAN REVIEW \$ \_\_\_\_\_

ADMINISTRATIVE CHARGE \$ \_\_\_\_\_

UCC INSPECTION \$ \_\_\_\_\_

PA L&I \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

R/N  
R/O  
C/N  
C/O

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Work Site Location \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Lic. No. \_\_\_\_\_ PA.HIC # \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[ ] No Plans Required			Type:				
Joint Plan Review Required:			Rough				
[ ] Building [ ] Plumbing			Temp. Serv.				
[ ] Fire [ ] Elevator			Constr. Serv.				
[ ] Elec. Plans Approved			TCO				
Date: _____			Other				
Approved by: _____			Service				
			Final				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[ ] CO [ ] CCO [ ] CA			Final Cut-in-Card Date Issued				
Date: _____							
Approved by: _____							

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature \_\_\_\_\_

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____	.....
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permit/with UW Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light
_____	_____	.....
_____	_____	.....
_____	_____	Administrative Surcharge \$ _____
_____	_____	UCC Inspection \$ _____
_____	_____	PA L&I \$ _____
_____	_____	TOTAL \$ _____

FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
UCC Inspection \$ \_\_\_\_\_  
PA L&I \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_