



BOROUGH OF WILKESBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKESBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

ELECTRICAL PERMIT APPLICATION

In accordance with Chapter 141 of Borough Code of Ordinances

APPLICATION DATE: _____ PERMIT # _____

Contractor Name _____ Primary Phone # _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail _____

Site Location Address _____

Commercial Residential

Lot & Block _____ Subdivision _____

Property Owner's Name _____ Primary Phone # _____

(If Owner differs from Applicant)

Property Owner Address _____ E-mail _____

If Applicant differs from Property Owner, Please provide Property Owner authorization:

- Application Type:**
- | | |
|---|---|
| <input type="checkbox"/> New Service | <input type="checkbox"/> System extension or alteration |
| <input type="checkbox"/> New Sub Panel | <input type="checkbox"/> Sign lighting |
| <input type="checkbox"/> New Wiring | <input type="checkbox"/> Site Lighting |
| <input type="checkbox"/> Underground service, conductors or feeders | |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Temporary Service |
| <input type="checkbox"/> Reconnect/Service Inspection | |

Type of work to be done (check all that apply)

- New Construction Alteration and/or extension of system
 Equipment Replacement with higher amperage Equipment Replacement with same amperage

Repair existing

CONTRACTOR INFORMATION

Business Name: _____ State Cont. Reg. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City/State/Zip: _____ E-mail: _____

PA ONE CALL SERIAL # _____

Construction Details

Electrical Systems

Number of services _____ size of services _____ Feeder Size _____

Number of lineal feet of underground conductors or feeders _____

Number of receptacle and lighting outlets _____

Subpanels _____ Transformers _____ Motors _____

Installation includes low voltage wiring or systems. Explain _____

Installation includes smoke detectors _____

Electrical system is located in a Hazardous location as defined by the International Building Code or National Electric Code

Installation requires explosion proof devices

Description of Work: _____

Fees

- | | |
|--|-----------|
| <input type="checkbox"/> Application fee | \$60.00 |
| <input type="checkbox"/> UCC fee | \$4.00 |
| <input type="checkbox"/> Plans review | \$10.00 |
| <input type="checkbox"/> Reconnect /Service Inspection | No Charge |
| <input type="checkbox"/> Third Party Review | TBC |

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third Party (Must Attach)
- Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.
- Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Permit Number _____

Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____