

# BOROUGH OF HELLERTOWN

685 Main St., Hellertown, PA 18055

Phone: 610-838-7041 Fax: 610-838-0500

## ELECTRICAL PERMIT

**PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY**

<b>PROPERTY OWNER NAME:</b>			PHONE:
PROJECT ADDRESS:			CELL:
CITY:	STATE:	ZIP:	EMAIL:
<b>APPLICANT NAME:</b>			PHONE:
APPLICANT ADDRESS:			CELL:
CITY:	STATE:	ZIP:	EMAIL:
<b>CONTRACTOR NAME:</b>			PHONE:
CONTRACTOR PA REGISTRATION #:			CELL:
CONTRACTOR ADDRESS:			FAX:
CITY:	STATE:	ZIP:	EMAIL:

**ELECTRICAL INFORMATION**

<b>APPLICATION FOR:</b>	<b>TYPE OF WORK:</b>	<b>SERVICE INFORMATION:</b>	<b>TO USE EXISTING WIRING?</b>	<b>Power Co. Work Order #</b>
<input type="checkbox"/> Complete	<input type="checkbox"/> Commercial	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground
<input type="checkbox"/> Wiring	<input type="checkbox"/> Residential	Size of Service: _____ amps		
<input type="checkbox"/> Service	<input type="checkbox"/> New Construction	No. of Meters: _____		
<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Addition	Subpanels: _____		
<input type="checkbox"/> Bonding	<input type="checkbox"/> Alteration			

Type of Device	No.	Type of Device	No.	Type of Device	No.	Type of Device	No.
Receptacles		GFCI		Disposal		Water Heater	
Switches		Smoke Detectors		Dish Washer		IG Pool	
Lights		CO <sub>2</sub> Detectors		Washer/Dryer		AG Pool	
Exhaust Fans		Range		Heat Pump		Spa	
Paddle Fans		Hood		Well Pump		Solar Panels	

Additional Equipment: \_\_\_\_\_

**PROPOSED WORK**

DESCRIPTION OF PROPOSED WORK:

COST OF PROPOSED WORK: \$

**SIGNATURE:**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the Borough of Hellertown. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT:

DATE:

<b>OFFICE USE ONLY</b>	<b>FEES</b>	<b>PAYMENT</b>
PERMIT #:	BIA: \$ _____	CASH
DATE ISSUED:	BOROUGH: \$ _____	CREDIT CARD
PERMIT FEE: \$	STATE: \$ _____	CHECK # _____
APPROVED BY:	TOTAL: \$ _____	
TITLE:		
DATE:		