



# ELECTRICAL SUBCODE TECHNICAL SECTION

Master Permit #  
Permit #

**A. IDENTIFICATION - APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL **PA ONE CALL 8-1-1 OR 1-800-242-1776** BEFORE DIGGING.

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

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Electrical License No. \_\_\_\_\_ Issuing Municipality \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

City of Allentown Business License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_ PPL Job # \_\_\_\_\_

**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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Elec. Contractor  Certif'd Landscape Irrigation Cont'r  
 Exempt Applicant  Owner

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixtures	
_____		Receptacles	
_____		Switches	
_____		Detectors	
_____		Light Poles	
_____		Motors - Fract. HP	
_____		Emergency & Exit Lights	
_____		Communications Points	
_____		Alarm Devices/F.A.C. Panel	
_____		_____	
_____		TOTAL NUMBERS	\$ _____
_____		Pool Permits/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	_____

JOB SUMMARY (Office Use Only)	
<b>PLAN REVIEW</b> <input type="checkbox"/> No Plans Required _____ <small>INITIAL</small> <input type="checkbox"/> Patrial - Underslab Utilities Approved Date: _____ Approved by: _____ <input type="checkbox"/> Electric Plans Approved Date: _____ Approved by: _____ Joint Plan Review Required: <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. <b>SUBCODE APPROVAL for PERMIT</b> Date: _____ Approved by: _____	<b>INSPECTIONS</b> Type: Rough _____ Barrier Free _____ Trench _____ Temp. Serv. _____ Constr. Serv. _____ TCO _____ Other _____ Service _____ Final _____ Barrier-Free _____ Temp. Cut-in-Card Date Issued _____ Final Cut-in-Card Date Issued _____ Annual Pool Inspection _____ Date of Grounding and Bonding Certification _____
<b>SUBCODE APPROVAL for CERTIFICATE</b> <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA Date: _____ Approved by: _____	

Archive Fee \$ \_\_\_\_\_  
 Certificate of Occupancy \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

