

# ELECTRICAL PERMIT APPLICATION

**TINICUM TOWNSHIP**  
 BUILDING & ZONING DEPARTMENT  
 163 MUNICIPAL ROAD  
 PIPERSVILLE, PA 18947  
 610-294-8076  
 FAX: 610-294-9889  
[WWW.TINICUMBUCKS.ORG](http://WWW.TINICUMBUCKS.ORG)



<b>Permit #</b>	<b>Parcel # 44-</b>	
Property Address:		
Permit Fee Amount: <b>\$24.50</b>	Check #	Date Paid:

Part I: GENERAL INFORMATION SUBMIT 2 SETS OF PLANS AND CONSTRUCTION DOCUMENTS			
<b>Property Owner</b>	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
<b>Applicant (If other than owner)</b>	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	

Part 2: ELECTRICAL / ALARM			
All Electrical Plans must be reviewed and approved by a third-party electrical agency licensed in Pennsylvania. The same agency will conduct electrical inspections as required by the code official.			
Total Service _____ Amps	No. of Circuits _____ 2-Wire _____ 3-Wire _____ 4-Wire	No. of Services Outlets _____ 110V _____ 220V	
New Service _____ Amps	Upgrade Service _____ Amps	<input type="checkbox"/> Temporary Service	<input type="checkbox"/> Reintroduction of Service
Swimming Pool: <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	<input type="checkbox"/> Electric Signs	<input type="checkbox"/> Solar	<input type="checkbox"/> Back-Up Generator. Fuel Type:
Other:			
DESCRIPTION OF WORK:			
Electrician Name:		Signature:	
<b>TOTAL CONTRACT VALUE \$</b>		<b>FEE \$</b>	

**NOTE: Applicant is responsible to contract with a third-party agency licensed in Pennsylvania for electrical plan review and inspection.**

### FOR OFFICE USE ONLY:

ZONING APPROVED: _____	Date: _____	Fee: _____
BUILDING INSPECTOR: _____	Date: _____	Fee: _____