

APPLICATION FOR ELECTRICAL PERMIT

TOWNSHIP OF NETHER PROVIDENCE

Estimated Cost:

NOTE: Additional information, plans and specifications may be required for larger projects!

214 Sykes Lane
Wallingford, PA 19086

Phone: 610-566-4516 Fax: 610-892-2890

Permit Fee \$ _____
Township Fee \$ 4.50
Pa UCC Fee \$ _____
Total Permit Fee \$ _____

Name of Installer	License No.	Address of Installer	Phone Number
Name of Property/Owner		Address of Owner	Phone Number

For all electrical inspections, please call UNITED INSPECTION AGENCY 409 S. Providence Road, Wallingford, PA 610-565-0789

- 1 Family
 2 Family
 3 Family
 Apt. Building
 Public Bldg.
 Bus. Bldg.
 Alter.
 Repair
 Replacement
 New Construction
 Air Conditioning
 Oil Burning Equip.
 Gas Burning Equip.
 Electric Heat.
 Other

Description of Electrical Work and Size of Service

CONTRACTOR EMAIL:

Are plans enclosed? Yes No

I HEREBY CERTIFY THAT THE STATEMENT HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Owner's Signature _____ Applicant's Signature _____

Approved By _____ Date _____

INSURANCE COVERAGE PER PA ACT 44 OF 1993

THE APPLICANT (PROPERTY OWNER/TENANT/CONTRACTOR) IS: (Check one)

- Contractor and sole proprietor without employees, Exempt.
- Contractor and a corporation with only "Executive Employees" qualified under Section 104 of Act 44. Exempt.
- Contractor and exempt on religious grounds qualified under Section 304.2 of Act 44. Exempt.
- Property owner/tenant. Exempt.
- Required under Act 44 to have Workers' Compensation Insurance. Give us a Certificate of Insurance listing Nether Providence Township as a policy certificate holder.

Print Name of Applicant: _____

Cell Phone/Beeper No.: _____

Type of Trade:

- Plumbing
- HVAC
- Electrical
- Excavator/Foundation
- Carpenter
- Roofing

Other, List: _____

Name of Workers' Compensation Carrier. Complete if not Exempt _____

Federal/State I.D. No. (Complete if not Exempt): _____

All subcontractors working in Nether Providence Township must provide their own workers' compensation coverage and complete this form. If the applicant has checked off an exempt box the applicant must not employ anyone to work on this project. Violation(s) of the PA Worker's Compensation Act or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by law.

My signature as the applicant constitutes my verification that the statements contained herein are true.

Signature of Applicant

Print Name

Date: _____

Name of Company (if Applicable): _____

** Must get notarized by a notary public if filing an exemption under PA Act 44 (Workers' Compensation Insurance).

Sworn and subscribed to before me this _____ day of _____

Seal

Signature of Notary: _____