

# BOROUGH OF FOUNTAIN HILL

OFFICE OF CODE ENFORCEMENT  
941 LONG STREET FOUNTAIN HILL PA 18015  
610-867-5124 Fax 610-867-7153

## ELECTRICAL PERMIT

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

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

### ELECTRICAL INFORMATION

<b>APPLICATION FOR:</b> <input type="checkbox"/> Complete <input type="checkbox"/> Wiring <input type="checkbox"/> Service <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Bonding	<b>TYPE OF WORK:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	<b>SERVICE INFORMATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade  Size of Service: _____ amps No. of Meters: _____ Subpanels: _____	<b>TO USE EXISTING WIRING?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Power Co.</b> _____ <b>Work Order #</b> _____  <input type="checkbox"/> Overhead <input type="checkbox"/> Underground
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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 Fountain Hill. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of the permits

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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