

* EFFECTIVE JANUARY 1, 2012 A NON-REFUNDABLE \$35 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED *

PERMIT COVER PAGE

Address where work is being performed _____

Is contractor performing work? ____ YES ____ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? ____ YES ____ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): _____

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: _____.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: _____

Signature of Applicant

Name of Applicant (Printed)

Title of Applicant (if applicable)

Fax to:
215-361-8393

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



Borough of Lansdale Electrical Permit Application

ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED. PERMIT FEE IS BASED ON JOB COST

Application Date ____/____/____

Permit# _____

I. Property Information

Site Address _____ Tax Map Parcel # _____

Residential Commercial Single Family Multi-Family

II. Property Owner:

Name _____ Phone # _____

Mailing Address _____

City State Zip

III. Contractor Information: Same as Owner

PA License # _____

Company _____

Name _____ Phone # _____

Mailing Address _____

City State Zip

IV. Applicant: Same as Owner Same as Contractor

Name _____

Mailing Address _____

City State Zip

V. Description of Work: New Repair/Replace

Est. Start ____/____/____ Est. Finish ____/____/____ Est. Job Cost \$ _____

Applicant is responsible for electrical inspection and payment.

Plan may be required to be submitted to underwriter for approval at discretion of Code Official.

Applicant Signature _____ Contact# _____

ELECTRICAL UNDERWRITERS

ATLANTIC INLAND INSPECTIONS 610-995-2791
PO BOX 967
SOUTHEASTERN PA 19399-0967

CODE INSPECTIONS 215-672-9400
605 HORSHAM ROAD
HORSHAM PA 19044

LEHIGH VALLEY ELECT INSPECTION 610-868-7165
PO BOX 361
OREFIELD PA 18069

MIDDLE ATLANTIC ELECTRICAL INSPECTIONS 215-322-2626
302 E PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053

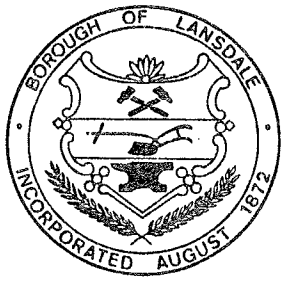
MIDDLE DEPART INSPECTION AGENCY INC 215-244-1919
1542 BRISTOL PIKE 800-992-6342
BENSALEM PA 19020

MUNICIPAL INSPECTION CORP. 215-673-4434
1932 KENTWOOD STREET
PHILADELPHIA PA 19116

UNDERWRITERS INSPECTION SERVICES INC. 610-495-2803
PO BOX 416
ROYERSFORD PA 19468

UNITED INSPECTION AGENCY
PO BOX 3361 215-542-9977
AMBLER, PA 19002

REVISED 04/19/05



BOROUGH OF LANSDALE

One Vine Street ■ Lansdale, Pennsylvania 19446-3601

■ FAX 215-361-8399

■ 215-368-1691

REQUIREMENTS FOR NEW ELECTRIC SERVICES

1. ALL WORK OVER \$50.00 REQUIRES A PERMIT, AND MUST BE INSPECTED BY AN ELECTRICAL UNDERWRITER.
2. YOU MUST USE A RINGLESS SOCKET WITH BYPASS HORNS FOR RESIDENTIAL SERVICE AND LIGHT DUTY COMMERCIAL.
3. IF YOU HAVE A SEPARATE METER FOR YOUR HOTWATER BILLING, YOU MUST GO DOWN TO ONE METER ONLY.
4. FOR HEAVY DUTY COMMERCIAL SINGLE-PHASE AND THREE-PHASE USE RINGLESS SOCKET WITH BYPASS LEVER. PLEASE CONTACT THE ELECTRIC SERVICE BUILDING AT (215) 361-8371 FOR TYPE OF SOCKET TO BE USED.

THANK YOU FOR YOUR COOPERATION IN THESE MATTERS.