

Date _____



HMT and Associates
 130 Cecil St., Canonsburg, PA 15317
 office: 724.916.0061

APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

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| <p><u>Application type</u> (Check all that apply)</p> <p><input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL</p> | <p><input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING</p> | <p><input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION - OVERHEAD <input type="checkbox"/> SIGN LIGHTING <input type="checkbox"/> UNDERGROUND SERVICE, CONDUCTORS OR FEEDERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> RECONNECT</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Site Information</u></p> | <p>NAME: _____ ADDRESS: _____ _____ Subdivision _____ Lot _____ Block _____ Construction Cost: \$ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Use/Occupancy classification:</u> (Check all that apply)</p> | <table border="0"> <tr> <td>A-1</td><td>A-2</td><td>A-3</td><td>A-4</td><td>A-5</td><td>B</td><td>E</td> </tr> <tr> <td>F-1</td><td>F-2</td><td>H-1</td><td>H-2</td><td>H-3</td><td>H-4</td><td>H-5</td> </tr> <tr> <td>I-1</td><td>I-2</td><td>I-3</td><td>I-4</td><td>M</td><td>R-1</td><td>R-2</td> </tr> <tr> <td>R-3</td><td>R-4</td><td>S-1</td><td>S-2</td><td>U</td><td></td><td></td> </tr> </table> | | A-1 | A-2 | A-3 | A-4 | A-5 | B | E | F-1 | F-2 | H-1 | H-2 | H-3 | H-4 | H-5 | I-1 | I-2 | I-3 | I-4 | M | R-1 | R-2 | R-3 | R-4 | S-1 | S-2 | U | | |
| A-1 | A-2 | A-3 | A-4 | A-5 | B | E | | | | | | | | | | | | | | | | | | | | | | | | |
| F-1 | F-2 | H-1 | H-2 | H-3 | H-4 | H-5 | | | | | | | | | | | | | | | | | | | | | | | | |
| I-1 | I-2 | I-3 | I-4 | M | R-1 | R-2 | | | | | | | | | | | | | | | | | | | | | | | | |
| R-3 | R-4 | S-1 | S-2 | U | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Type of work</u> (check all that apply)</p> | <p>New Construction Repair Existing Equipment Replacement w/ higher amperage rating</p> <p>Equipment replacement w/ same amperage rating Alteration and/or Extension of System</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Required Documentation</u> (Check all submitted with application)</p> | <p><input type="checkbox"/> 3 complete sets of signed and stamped Engineered electrical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing locations and sizes. Site plan for exterior work. <input type="checkbox"/> Electrical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> If electrical equipment is being installed at exterior of structure an approved zoning application is required.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Construction Details</u> (Check all that apply and list number of pieces of equipment next to all that apply)</p> | <p><input type="checkbox"/> Electrical systems Number of services _____ Size of service _____ Feeder size _____ Number of lineal feet of underground conductors or feeders _____ Number of receptacle and lighting outlets _____ Sub panels _____ Transformers _____ Motors _____</p> <p><input type="checkbox"/> Number of single dwelling units _____</p> <p><input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code.</p> <p><input type="checkbox"/> Installation requires explosion proof devices.</p> <p><input type="checkbox"/> Installation includes low voltage wiring or systems. Explain _____</p> <p><input type="checkbox"/> Installation includes smoke detectors</p> <p><input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Description of Work</u></p> | <p>_____ _____ _____ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Owner Information</u></p> | <p>Owner's Name: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Contractor Information</u></p> | <p>Company Name: _____ Address: _____ _____ Contact Person: _____ Phone: _____ Fax: _____ Email: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p><u>Insurance Information</u></p> | <p>Company Name: _____ Address: _____ Policy No.: _____ Exp. Date: _____ Coverage Amount: _____</p> <p>Note: A copy of your insurance certificate must accompany this application.</p> |
| <p><u>Applicant Signature</u></p> | <p>Print Name: _____</p> <p>Signature: _____ Date _____</p> |