

## Borough of Wilkinsburg

### APPLICATION FOR COMMERCIAL LOW VOLTAGE PERMIT

<b><u>Application type</u></b> (Check all that apply)	<input type="checkbox"/> SECURITY <input type="checkbox"/> CABLE <input type="checkbox"/> DATA <input type="checkbox"/> TELEPHONE <input type="checkbox"/> SOUND SYSTEM	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATIONS <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> UNDERGROUND/ DIRECT BURIAL <input type="checkbox"/> REPAIRS
<b><u>Site Information</u></b>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____ <b>Construction costs</b> _____	
<b><u>Use/Occupancy classification:</u></b> (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<b><u>Type of work to be done</u></b> (check all that apply)	<input type="checkbox"/> New construction <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and /or extension of system <input type="checkbox"/> Equipment replacement	
<b><u>Documentation required</u></b>	<input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application.	
<b><u>Construction Details</u></b>	<input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code. <input type="checkbox"/> Installation requires explosion proof devices.	
<b><u>Description of Work</u></b>	_____ _____ _____ _____	
<b><u>Owner Information</u></b>	Owner's name _____ Address _____ _____ Phone _____ Fax _____	
<b><u>Contractor Information:</u></b>	Name _____ Address _____ _____ Phone _____ Fax _____ E-mail _____	
<b><u>Insurance Information</u></b>	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____  Note: A copy of your insurance certificate must accompany this application.	
<b><u>Applicant Signature</u></b>	Print Name: _____  Signature _____ Date _____	

**-OFFICIAL USE ONLY-**

<p>FEE SCHEDULE _____</p> <p>RESIDENTIAL _____</p> <p>COMMERCIAL _____</p> <p>INDUSTRIAL _____</p> <p>DEMOLITION _____</p> <p>SIGNS _____ X _____ = _____</p> <p>OTHER _____</p> <p>OTHER _____</p> <p>TOTAL _____</p>	<p>PERMIT ISSUED _____ PERMIT DENIED _____</p> <p>REASON REVISED _____</p> <p>Z.H.B. CASE # _____</p> <p>Z.H.B. DECISION _____</p> <p>X _____</p> <p>BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____</p>
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2010 Wilkinsburg LOW VOLTAGE Permit Application

For Department use only

**COMMERCIAL ELECTRICAL  
REQUIRED INSPECTIONS**  
IT IS MANDATORY TO CALL PEI  
AT 412-787-1510 EXT. 106 FOR INSPECTIONS:  
48-HOUR NOTICE REQUIRED

**Project Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_



**Rough Electrical:** After installation of rough wiring and prior to concealment of any part.

Required:	<input type="checkbox"/>	Date:	<input type="text"/>	Inspector Cert. #	<input type="text"/>
				Inspector Signature:	<input type="text"/>



**Final Electrical:** To be completed when systems are complete and operational.

Required:	<input type="checkbox"/>	Date:	<input type="text"/>	Inspector Cert. #	<input type="text"/>
				Inspector Signature:	<input type="text"/>

**INSPECTION PENALTY:**

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.