

Borough of Turtle Creek

APPLICATION FOR COMMERCIAL LOW VOLTAGE PERMIT

<u>Application type</u> (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
<u>Site Information</u>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____ Construction costs _____	
<u>Use/Occupancy classification:</u> (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	
<u>Type of work to be done</u> (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	
<u>Documentation required</u>	<input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application.	
<u>Construction Details</u>	<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.	
<u>Description of Work</u>	_____ _____ _____ _____	
<u>Owner Information</u>	Owner's name _____ Address _____ _____ Phone _____ Fax _____	
<u>Contractor Information:</u>	Name _____ Address _____ _____ Phone _____ Fax _____ E-mail _____	
<u>Insurance Information</u>	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____ Note: A copy of your insurance certificate must accompany this application.	
<u>Applicant Signature</u>	Print Name: _____ Signature _____ Date _____	

-OFFICIAL USE ONLY-

<p>FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____</p>	<p>PERMIT ISSUED _____ PERMIT DENIED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____</p>
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**COMMERCIAL ELECTRICAL
REQUIRED INSPECTIONS**

**IT IS MANDATORY TO CALL Plans Examiners, Inc. FOR INSPECTIONS
AT 412-787-1510 OR VISIT:**

<http://plans-examiners.com> - **48-HOUR NOTICE REQUIRED**

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

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

Required: Date: Inspector Cert. #
Inspector Signature:

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

Required: Date: Inspector Cert. #
Inspector Signature:

INSPECTION PENALTY:

Inspections not cancelled by 4:00 pm 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.