

Date \_\_\_\_\_

Permit No. \_\_\_\_\_ -EL

# Municipality of Bethel Park

## APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

<b><u>Application type</u></b> (Check all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING	<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
<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)	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	
<b><u>Type of work to be done (check all that apply)</u></b>	New construction      Equipment replacement with same amperage rating Repair existing      Alteration and or extension of system Equipment replacement with <b>higher</b> amperage rating	
<b><u>Documentation required</u></b> (Check all submitted with application)	<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.	
<b><u>Construction Details</u></b> (check all that apply and list number of pieces of equipment next to all that apply)	<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 _____ <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. <input type="checkbox"/> Installation includes low voltage wiring or systems. Explain _____ <input type="checkbox"/> Installation includes smoke detectors <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____	
<b><u>Description of Work</u></b>	_____ _____ _____ _____	
<b><u>Owner Information</u></b>	Owner's name _____ Address _____ _____ Phone _____ Fax _____ Email _____	
<b><u>Contractor Information</u></b>	Company name _____ Address _____ _____ Contact Person _____ Phone _____ Fax _____ Email _____	

<p><b><u>Insurance Information</u></b></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><b><u>Applicant Signature</u></b></p>	<p>Print Name: _____</p> <p>Signature _____ Date _____</p>

**-OFFICIAL USE ONLY-**

<p>FEE SCHEDULE _____                  RESIDENTIAL _____                  COMMERCIAL _____                  INDUSTRIAL _____                  DEMOLITION _____                  SIGNS _____ X _____ = _____                  OTHER _____                  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 _____                  BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL                  CERTIFICATION NO. _____</p>
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**\*Please Note- All residential panel or breaker replacements shall use arc-fault for living areas unless one of the following can be documented:**

- 1. Knob & tube wiring exists**
- 2. Shared neutral conductors exist on the required circuits**

**COMMERCIAL OR RESIDENTIAL ELECTRICAL  
REQUIRED INSPECTIONS**  
IT IS MANDATORY TO CALL PEI FOR INSPECTION  
AT 412-787-1510 OR VISIT:

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

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

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

For Department use only

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**Underground Rough Electrical:** Prior to backfilling of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:


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

Required:

Date:

Inspector Cert. #

Inspector Signature:


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**Above Ceiling:** After installation of rough wiring and before installation of suspended or hard ceiling.

Required:

Date:

Inspector Cert. #

Inspector Signature:


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

Required:

Date:

Inspector Cert. #

Inspector Signature:


**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.



## FAX COVER

To: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Time: \_\_\_\_\_

Commission Name: \_\_\_\_\_ Commission No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Total # of Pages: \_\_\_\_\_

Re: \_\_\_\_\_ Certificate of Insurance

**Notes:** Plans Examiners Inc. needs to be named as additional insured with the Township of Bethel Park being listed as the Certificate Holder.

Please call with any questions. Thank you.

From: \_\_\_\_\_ Plans Examiners

Z:\PE\Faxes\Cert. of Ins.

Plans Examiners, Inc  
Church Hill Rd 1000  
Ste 210  
Pittsburgh, PA 15205  
Office: 412-787-1510  
Fax: 412-489-5957





**Notice: To all permit Applicants Township of Bethel Park**

**Re: Plans Examiners Inc. to be listed as additional insured**

**Plans Examiners Inc. must be listed as additional insured on the permit applicant's insurance policy in order for a construction permit to be issued; this is in addition to the Township of Bethel Park**

**The purpose of being listed as additional insured is not for the purpose of errors and omissions for which Plans Examiners Inc. insures the Township of Bethel Park, NOR is it for liability associated with the performance of our onsite inspection duties, NOR is it for the purposes of our general liability associated with our personnel at the construction site.**

**The purpose for Plans Examiners Inc. being listed as additional insured on the contractor's insurance certificates, is that it is the responsibility of the permit holder to call for the required inspections prior to concealing any work and therefore holds the contractor liable in cases where they do not notify Plans Examiners, and also requires the contractor to defend Plans Examiners from frivolous lawsuits for items which are not under the responsibility of Plans Examiners code administration required under the Uniform Construction Code which is being administered by Plans Examiners on behalf of the Township of Bethel Park.**

**Z: /Certificate of Insurance Letter - Bethel Park**

**Plans Examiners, Inc  
1000 Church Hill Rd  
Ste 210  
Pittsburgh, PA 15205  
Office: 412-787-1510  
Fax: 412-489-5957**

