

Township of Robinson

APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

<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 <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: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____</p> <p>Construction Costs: _____</p>																													
<p><u>Use/Occupancy classification:</u> (Check all that apply)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%;">A-1</td> <td style="width: 12.5%;">A-2</td> <td style="width: 12.5%;">A-3</td> <td style="width: 12.5%;">A-4</td> <td style="width: 12.5%;">A-5</td> <td style="width: 12.5%;">B</td> <td style="width: 12.5%;">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		
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R-3	R-4	S-1	S-2	U																										
<p><u>Type of work to be done</u> (check all that apply)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">New construction</td> <td style="width: 50%;">Equipment replacement with same amperage rating</td> </tr> <tr> <td>Repair existing</td> <td>Alteration and or extension of system</td> </tr> <tr> <td>Equipment replacement with higher amperage rating</td> <td></td> </tr> </table>		New construction	Equipment replacement with same amperage rating	Repair existing	Alteration and or extension of system	Equipment replacement with higher amperage rating																							
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<p><u>Documentation required</u> (Check all submitted with application)</p>	<p><input type="checkbox"/> 2 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>_____</p> <p>_____</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>																													

<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-

FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____	PERMIT ISSUED _____ PERMIT DENIED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____
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***Please Note- All residential panel or breaker replacements shall use arc-fault/GFI Combination breakers 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**
- 3. Incompatible systems components.**

**COMMERCIAL OR RESIDENTIAL ELECTRICAL
REQUIRED INSPECTIONS**
IT IS MANDATORY TO CALL PLANS EXAMINERS, INC. FOR INSPECTION
AT 412-787-1510 OR VISIT:

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

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

Underground Rough Electrical: Prior to backfilling of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

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 4:00pm 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 \$80.00 fee per incident.