



# ELECTRICAL SUBCODE

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

## A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION *(when changing contractors notify this office)*

Date \_\_\_\_\_ Tax Map # 64 \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Tele (\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tele (\_\_\_\_) \_\_\_\_\_ License # \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co \_\_\_\_\_  
Est. Cost of Electrical Work \$ \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent ) owner of record and am authorized to make this application

X \_\_\_\_\_

### INSPECTORS

Building Inspector – Michael Stack (724) 493-7793  
Electrical Inspector – Joseph McClain (724) 787-1199

## Description of work performing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No.	Fixture/Equipment	Fee (Office use only)
_____	Lighting Fixtures	\$ _____
_____	Receptacles	\$ _____
_____	Switches	\$ _____
_____	Detectors	\$ _____
_____	Emergency & Exit Lights	\$ _____
_____	Alarm Devices	\$ _____
_____	Pool with UW Lights	\$ _____
_____	Storable Pool/Hot Tub	\$ _____
_____	KW Elec. Range	\$ _____
_____	KW Oven/Surface Unit	\$ _____
_____	KW Dishwasher	\$ _____
_____	HP Garbage Disposal	\$ _____
_____	KW Central A/C Unit	\$ _____
_____	KW Baseboard Heat	\$ _____
_____	HP Motors 1/+ HP	\$ _____
_____	KW Transformer	\$ _____
_____	AMP Service	\$ _____
_____	AMP Subpanels	\$ _____
_____	AMP Motor Control	\$ _____
_____	KW Elec. Sign	\$ _____
_____	Other	\$ _____

TOTAL FEE \$ \_\_\_\_\_