

Date _____



HMT and Associates
 130 Cecil St., Canonsburg, PA 15317
 office: 724.916.0061

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 - OVERHEAD <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>MUNICIPALITY: _____ NAME: _____ ADDRESS: _____ _____ Construction Cost: \$ _____</p>																													
<p><u>Use/Occupancy classification:</u> (Check all that apply)</p>	<table border="0"> <tr> <td>A-1</td> <td>A-2</td> <td>A-3</td> <td>A-4</td> <td>A-5</td> <td>B</td> <td>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</u> (check all that apply)</p>	<p>New Construction Repair Existing Equipment Replacement w/ higher amperage rating</p> <p>Equipment replacement w/ same amperage rating Alteration and/or Extension of System</p>																													
<p><u>Required Documentation</u> (Check all submitted with application)</p>	<p><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.</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><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>																													

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