

# BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036  
Phone: 610-282-3307 Fax: 610-282-4668

## ELECTRICAL PERMIT

**PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY**

<b>PROPERTY OWNER NAME:</b> _____	PHONE: (____) _____
<b>PROJECT ADDRESS:</b> _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
<b>APPLICANT NAME:</b> _____	PHONE: (____) _____
<b>APPLICANT ADDRESS:</b> _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
<b>CONTRACTOR NAME:</b> _____	PHONE: (____) _____
<b>CONTRACTOR PA REGISTRATION #:</b> _____	CELL: (____) _____
<b>CONTRACTOR ADDRESS:</b> _____	FAX: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____

**ELECTRICAL INFORMATION**

<b>APPLICATION FOR:</b>	<b>TYPE OF WORK:</b>	<b>SERVICE INFORMATION:</b>	<b>TO USE EXISTING WIRING?</b>	<b>Power Co. _____</b>
<input type="checkbox"/> Complete	<input type="checkbox"/> Commercial	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Work Order # _____</b>
<input type="checkbox"/> Wiring	<input type="checkbox"/> Residential	Size of Service: _____ amps		<input type="checkbox"/> Overhead
<input type="checkbox"/> Service	<input type="checkbox"/> New Construction	No. of Meters: _____		<input type="checkbox"/> Underground
<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Addition	Subpanels: _____		
<input type="checkbox"/> Bonding	<input type="checkbox"/> Alteration			

Type of Device	No.	Type of Device	No.	Type of Device	No.	Type of Device	No.
Receptacles		GFCI		Disposal		Water Heater	
Switches		Smoke Detectors		Dish Washer		IG Pool	
Lights		CO <sub>2</sub> Detectors		Washer/Dryer		AG Pool	
Exhaust Fans		Range		Heat Pump		Spa	
Paddle Fans		Hood		Well Pump		Solar Panels	

Additional Equipment: \_\_\_\_\_

**PROPOSED WORK**

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_  
COST OF PROPOSED WORK: \$ \_\_\_\_\_

**SIGNATURE**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the Borough of Coopersburg. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>FEES</b>	<b>PAYMENT</b>	<b>DISTRIBUTION LIST</b>
PERMIT #: _____	BIA: \$ _____	<input type="checkbox"/> CASH	<input type="checkbox"/> BOROUGH
DATE ISSUED: _____	BOROUGH: \$ _____	<input type="checkbox"/> CHECK	<input type="checkbox"/> CODE OFFICE
APPROVED BY: _____	STATE: \$ _____	<input type="checkbox"/> IN MAIL	<input type="checkbox"/> REGISTRAR
TITLE: _____ DATE: _____			<input type="checkbox"/> ADMINISTRATION
			<input type="checkbox"/> RIGHT TO KNOW