

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

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

ELECTRICAL INFORMATION

APPLICATION FOR: <input type="checkbox"/> Complete <input type="checkbox"/> Wiring <input type="checkbox"/> Service <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Bonding	TYPE OF WORK: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	SERVICE INFORMATION: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade Size of Service: _____ amps No. of Meters: _____ Subpanels: _____	TO USE EXISTING WIRING? <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Co. _____ Work Order # _____ <input type="checkbox"/> Overhead <input type="checkbox"/> Underground
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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 ₂ 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: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
PERMIT FEE: \$ _____
APPROVED BY: _____
TITLE: _____ DATE: _____

INSPECTOR'S USE ONLY

NOTIFIED POWER CO. _____
NOTIFIED MUNICIPALITY _____
NOTES _____

