



ELECTRICAL PERMIT APPLICATION

Site Location: _____ Use of Premises: _____

Name of Installer: _____ License #: _____

Address of Installer: _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Owner's Address: _____

Description of Electrical work and size of service: _____

Please check to specify repair: Single ___ Duplex___ Triplex___ Apt Building ___ Commercial ___
Alterations ___ Replacement ___ New Construction ___ HVAC___ Oil Burning ___ Gas Burning ___
Other _____

****Note: Additional information plans and specifications may be required for larger projects**

I hereby certify that the statement herein is true to the best of my knowledge and belief

Applicant's Signature _____ Date: _____

Approved by: _____ Date: _____

*******Below is for Official Use Only*******

Fees: Estimated Cost: \$ _____
Base Fee of \$60.00 for 1st \$1,000.00 of Cost: \$ _____
\$30.00 for each additional \$1,000.00 of Cost: \$ _____
Inspections are performed by a Third Party Inspector
UCC Fee: \$___\$ 4.50__
Total Permit Fee: \$ _____

****Completed Documentation can be faxed to 610.586.9065 or emailed to: Sbutler@Collingdaleborough.com or Dlare@Collingdaleborough.com**

