



Borough of Quakertown
 Community Development Office
 35 N. Third Street
 Quakertown, PA 18951
 Tel.: 215-536-5001



APPLICATION FOR ELECTRICAL PERMIT

For office use only

Permit No. _____
 Date _____

\$0 - \$1,000 Cost of Job = \$100.00
Value Over \$1,001 = \$100.00 + \$5.00 per
\$500 in excess of 1st \$1,000
State Surcharge Fee = \$4.50
Service Change = Residential \$100 /Commercial \$400

Zone _____
 Tax Parcel _____
 Permit Fee _____
 State Fee _____
 Total Fees _____

Property Owner's Name _____ Telephone # _____

Property Owners Address _____

Job Location Address _____

Present Use of Property _____

Contractor's Name _____

Contractor's Address _____

Contractor's Telephone # _____ E- Mail _____

Contractor's PA Act 132 Reg. # _____ Total Cost Value of Work \$ _____

Lighting Fixtures _____	Central Air _____	Receptacles _____
Smoke Detectors _____	Electric HWH _____	Spa /Hot Tub _____
Electric Dryer _____	Heaters _____	Dishwasher _____
Heat Pump _____	Switches _____	Others-List _____
Emergency Exit Lights _____	Range _____	Service Amps _____

Service Upgrade or Change Only

Existing Service _____ Amps _____ / _____ Volts Overhead _____ Underground _____
 New Service _____ Amps _____ / _____ Volts Overhead _____ Underground _____

The applicant agrees that such work will be done as described and that he or she will comply with all provisions of the Zoning Ordinance and all other applicable Ordinances of the Borough of Quakertown. Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. Any work that involves the removal of the meter will first require you to contact the Electric Department at 215-536-5003 to have the meter seal removed.

***All electrical plan review and inspections shall be performed by an approved 3rd party agency.**

Print Name _____ Signature _____

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Permit Approved _____
 Denied _____

Date _____