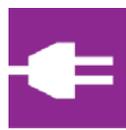




**New Hope Borough**  
**123 New Street**  
**New Hope, PA 18938**  
**215-862-3347**



**ELECTRICAL SUBCODE**  
**TECHNICAL SECTION**

Date Received \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. FOR UTILITIES, CALL PA ONE CALL at 811 or 800-242-1776**

Parcel \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
street

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

Third Party Underwriter \_\_\_\_\_ PHONE: \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
<input type="checkbox"/> No Plan Required		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial-Underslab Utilities Approved		Rough	_____	_____	_____	_____
Date: _____ Approved by: _____		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Trench	_____	_____	_____	_____
Date: _____ Approved by: _____		Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		Const. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Other	_____	_____	_____	_____
Date: _____		Service	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____		Annual Pool Inspection	_____	_____	_____	_____
		Date of Grounding and Bonding Certification	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Electrical Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixtures	_____
_____		Receptacles	_____
_____		Switches	_____
_____		Detectors	_____
_____		Light Poles	_____
_____		Motors—Fract. HP	_____
_____		Emergency & Exit Lights	_____
_____		Communications Points	_____
_____		Alarm Devices/F.A.C. Panel	_____
_____		TOTAL NUMBERS	\$ _____
_____		Pool Permit/with UW Lights	_____
_____		Storable Pool/Spa/Hot Tub	_____
_____		KW Elec. Range/Receptacle	_____
_____		KW Oven/Surface Unit	_____
_____		KW Elec. Water Heater	_____
_____		KW Elec. Dryer/Receptacle	_____
_____		KW Dishwasher	_____
_____		HP Garbage Disposal	_____
_____		KW Central A/C Unit	_____
_____		HP/KW Space Heater/Air Handler	_____
_____		KW Baseboard Heat	_____
_____		HP Motors 1/+ HP	_____
_____		KW Transformer/Generator	_____
_____		AMP Service	_____
_____		AMP Subpanels	_____
_____		AMP Motor Control Center	_____
_____		KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.