

## HONEY BROOK TOWNSHIP UNIFORM CONSTRUCTION CODE (UCC) ELECTRICAL PERMIT APPLICATION

App. fee \$25 \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Permit # \_\_\_\_\_

County: Chester Municipality: Honey Brook Township Zoning District \_\_\_\_\_Site Address: \_\_\_\_\_ Tax Parcel #: 22- \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Lot Size: \_\_\_\_\_ Tot. Land Disturbance (sq. ft.): \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

**USE:** *(Check One)*
 Residential       Commercial       Industrial       Other: \_\_\_\_\_
**TYPE OF INSTALLATION:** *(Check)*
 New       Alteration       Repair       Other: \_\_\_\_\_
**SERVICE:** *(Check One)*
 Overhead       Underground

Job #: \_\_\_\_\_ Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF PROJECT** (reasonable fair market value) \$ \_\_\_\_\_**Please note: All applications must be accompanied by applicable drawings of the project.**

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Authorized Agent      Date\_\_\_\_\_  
Print Name of Owner or Authorized Agent**Final inspection is required. Call Technicon at 610-286-1622 x100 to schedule (minimum 24-hours notice).****FOR OFFICE USE ONLY**

Paid by: Cash \_\_\_\_\_

Issuance Date: \_\_\_\_\_ Date Expires: \_\_\_\_\_ Permit Fee\*: \_\_\_\_\_ Check # \_\_\_\_\_

Inspected & Approved by: \_\_\_\_\_ + UCC Fee: \$4.50
 Signature  
 Inspections Required:       Service       Rough       Final      Total: \_\_\_\_\_

\*Fees are per the Fee Schedule for the current year