

PERMIT COVER PAGE



Site Address _____

Project/Application Type(ex.roof, sewer lateral, deck etc)_____

Project Name(if any)_____

Plans (list type)_____

Application

Specifications (list type)_____

Other _____

Other _____

Other _____

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



BOROUGH OF LANSDALE ELECTRICAL PERMIT APPLICATION

ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED.

Application Date _____/_____/_____

Permit# _____ For Office Use Only

I. Property Information

Site Address _____ Tax Map Parcel # _____

Residential Commercial Single Family Multi-Family

II. Property Owner:

Preferred form of contact Phone Email

Name _____

Phone #(Home) _____ (Mobile) _____ Email _____

Mailing Address _____

City State Zip

III. Contractor Information: Same as Property Owner

Preferred form of contact Phone Email

Company _____

Name _____

Phone #(Business) _____ (Mobile) _____

Email _____ PA License(HIC) # _____

Mailing Address _____

City State Zip

IV. Applicant: Same as Property Owner Same as Contractor

Preferred form of contact Phone Email

Name _____

Phone#(Home) _____ (Mobile) _____ (Business) _____

Email _____

Mailing Address _____

City State Zip

Primary Contact Person: Property Owner Contractor Applicant

V. Description of Work: New Repair/Replace

Service Amps: _____

Est. Start _____/_____/_____ Est. Finish _____/_____/_____ Est. Job Cost \$ _____

Applicant Signature _____ Contact# _____

Applicant is responsible for electrical inspection and payment. Plan may be required to be submitted to underwriter for approval at discretion of Code Official. Include copy of written proposal/contract.

REQUIREMENTS FOR NEW ELECTRIC SERVICES



1. ALL WORK OVER \$50 REQUIRES A PERMIT, AND MUST BE INSPECTED BY AN ELECTRICAL UNDERWRITER.

2. YOU MUST USE A RINGLESS SOCKET WITH BYPASS HORNS FOR RESIDENTIAL SERVICE AND LIGHT DUTY COMMERCIAL.

3. FOR HEAVY DUTY COMMERCIAL SINGLE-PHASE AND THREE-PHASE USE RINGLESS SOCKET WITH BYPASS LEVER. PLEASE CONTACT THE ELECTRIC SERVICE BUILDING AT (215) 361-8371 FOR TYPE OF SOCKET TO BE USED.

THANK YOU FOR YOUR COOPERATION IN THESE MATTERS.

ELECTRICAL UNDERWRITERS

ATLANTIC INLAND INSPECTIONS
PO BOX 967
SOUTHEASTERN PA 19399-0967
610-995-2791

MIDDLE DEPART INSPECTION AGENCY INC
1542 BRISTOL PIKE
BENSALEM PA 19020
215-244-1919
800-992-6342

CODE INSPECTIONS
605 HORSHAM ROAD
HORSHAM PA 19044
215-672-9400

MUNICIPAL INSPECTION CORP.
1932 KENTWOOD STREET
PHILADELPHIA PA 19116
215-673-4434

LEHIGH VALLEY ELECT INSPECTION
PO BOX 361
OREFIELD PA 18069
610-868-7165

UNDERWRITERS INSPECTION SERVICES INC.
PO BOX 416
ROYERSFORD PA 19468
610-495-2803

MIDDLE ATLANTIC ELECTRICAL INSPECTIONS
302 E PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053
215-322-2626

UNITED INSPECTION AGENCY
PO BOX 3361
AMBLER, PA 19002
215-542-9977

OTHER _____
