

# ELECTRICAL PERMIT APPLICATION

**SALISBURY TOWNSHIP**

2900 South Pike Avenue  
 Allentown, PA 18103-7633  
 Phone: 610-797-4000  
 Fax: 610-797-5516

DATE RECEIVED \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

PROPERTY \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

NEW – ALTERATION — ADDITION – SERVICE – (Circle One)

COMMERCIAL

RESIDENTIAL

ITEM	NUMBER
Ceiling Outlets	
Switches	
Plug Receptacles	
<b>TOTAL OUTLETS</b>	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circ.	
Other Cir.	
<b>TOTAL CIRCUITS</b>	
Motors	
Panel Size	
Range Cond.	
Sub Feeder Size	
Pool Connection	
Installation of Fire System (smoke detectors)	
<b>ESTIMATED PROJECT COST</b>	\$

**PERMIT FEES**

Permit Fee                    \$ 20.00

PA State Surcharge        \$ 4.00

**TOTAL FEE**                    \$ 24.00

A permit is required for all new or altered services, new construction, additions, alterations and repairs.

**Two copies of all Commercial Plans are required to be sealed by an Engineer. All agency-approved plans must be signed by the Inspector.**

Review fees and inspection fees are to be paid to the Inspection Agency.

Three business days prior to excavating/digging, a **PA One Call** is required, Dial 811.

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
 (Print) APPLICANT NAME, ADDRESS AND TELEPHONE

\_\_\_\_\_  
 (Print) CONTRACTOR NAME, ADDRESS AND TELEPHONE

CONTRACTOR PA REGISTRATION #: \_\_\_\_\_

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITHIN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED. THE APPLICANT IS RESPONSIBLE FOR SEEING THAT ALL INSPECTIONS ARE COMPLETED IN A TIMELY FASHION.

\_\_\_\_\_  
 Signature of Applicant or Authorized Representative

\_\_\_\_\_  
 Signature of Permit Clerk

Date \_\_\_\_\_

Date \_\_\_\_\_



# Township of Salisbury

## M E M O

**TO: CONTRACTORS AND RESIDENTS IN SALISBURY TOWNSHIP**  
**FROM: TOWNSHIP OF SALISBURY, LEHIGH COUNTY**  
**DATE: SEPTEMBER 17, 2002**  
**RE: ACT 44 – THE WORKERS COMPENSATION REFORM ACT**

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Please be advised that **NO** Salisbury Township Permit Application will be issued to any Contractor or Resident working in Salisbury Township unless the Township Planning & Zoning Department has been supplied with the required proof of **WORKERS COMPENSATION INSURANCE**, either by:

1.) **CONTRACTORS:**

A **CERTIFICATE OF INSURANCE** showing Workers Compensation with policy numbers, including the policy's Date of Expiration, showing Salisbury Township as the certificate holder:

**Township of Salisbury  
2900 South Pike Avenue  
Allentown, PA 18103**

2.) **SELF-EMPLOYED:**

The attached **WORKERS COMPENSATION VERIFICATION FORM** is used for those individuals who are self-employed. This form must be signed and notarized prior to work being performed.

3.) **RESIDENTS:**

The above does not apply if you, the resident, are doing the work yourself. Please confirm this by filling in your name and address in the space provided (on your permit application) for the Contractor's name.

**THIS IS A STATE LAW**

**WORKERS COMPENSATION VERIFICATION FORM**

**A.** The Applicant is a Contractor within the meaning of the Pennsylvania Workers Compensation Law:

Yes       No

If the answer is "YES", complete Sections B and C below as appropriate.

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**B. INSURANCE INFORMATION:**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers Compensation.

Name of Workers Compensation Insurer \_\_\_\_\_

Workers Compensation Insurance Policy No. \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

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**C. EXEMPTION**

Complete Section C if the Applicant is a contractor claiming exemption from providing Workers Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers Compensation Insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.
- Religious exemption under the Workers Compensation Law.

\_\_\_\_\_  
Applicant Name – *Please Print Clearly*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**(SEAL)**