

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	
TOTAL OUTLETS	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circ.	
Other Cir.	
TOTAL CIRCUITS	
Motors	
Panel Size	
Range Cond.	
Sub Feeder Size	
Pool Connection	
Installation of Fire System (smoke detectors)	
ESTIMATED PROJECT COST	\$

PERMIT FEES

Application Fee \$ _____

Permit Fee \$ _____

PA State Surcharge \$ 4.50

TOTAL FEE \$ _____

A permit is required for all new construction and structural alterations.

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

SQUARE FOOTAGE: _____

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

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.

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 _____

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)