## Walker Township

## **Uniform Construction Code Electrical Permit Application**

## **Location of proposed work or improvement:**

• Street Address: _				
Tax Parcel #:		_ Lot #:		
• Owner:			Phone #:	
Mailing Address:				
City:	State:	Zip:		
Principal Contract	tor:		Phone:	
Mailing Address:				
City:	State:	Zip:		
Fax #:	E-Mail:			
Designer:			Phone:	
Mailing Address:		City:	State:	Zip:
Fax #:	E-Mail:			
Type of Work or Improv	ement (check one):			
New Building	Addition	Alteration	Repair	Demolition
Describe the Proposed Wo				
Service Size: Amps Service Conductor Size: Number of Circuits:		Service Type: underground overhead Utility Company: Job Number:		
*Note* Must contact the Failure to do so may dela		to ascertain pro	per location of servi	ice and meter panel
Number Receptacles: Number Switches: Cook Top Voltage: Oven/Range Voltage: Dryer Conductor Size: Earth Grounding Type and Material (i.e. g		Conductor Size: Conductor Size: Conductor Size: Conductor Size: Conductor Size: Conductor Size: rounding rod, ground ring, concrete encased electrode,		
etc.) Grounding electrode size Back up Generator:	:		e and Voltage Outpu	

Description of Building Use (chec	k one):				
Residential One-Family Dwelling Two-Family Dwelling	Change	esidential Specific Use: Use Group: s in Use: Yes "Indicate Former	No		
The applicant certifies the completed in accordance with the Construction Code) and any additional and approval of cancel or set aside any provision of body. The applicant certifies that he Application for a permit shall be made to the complete the complete that the complete the complete that the co	he "approved" constructional approved building co of construction documents of the codes or ordinance e/she understands all the ap	tion documents and Pade requirements adopted shall not be construed as of the Municipality or pplicable codes, ordinance	A Act 45 (Uniform by the municipality. s authority to violate, any other governing es and regulations.		
Professional employed in connection			_		
I certify that the code administrate the authority to enter areas cover of the code(s) applicable to such p	ed by such permit at any				
Signature of Owner or Ager	Signature of Owner or Agent Print Name of Owner or Agent				
Date:					
Directions to Site:					
***Ma	ake checks payable to Wal	ker Township***			
	Township Use O	nly			
Date Approved/Denied	_	•			
		2 2 22222 1 00			
Plan review performed by:	Signature	Print	Name		
If denied state reason:					