



Borough of Saint Lawrence

3540 Saint Lawrence Avenue, Reading, PA 19606-2372

Office: (610) 779-1430 * Fax: (610) 779-9148

UCC ELECTRICAL PERMIT APPLICATION

- Residential (1 & 2 Family)
 Commercial
 Industrial
 Institutional
 EZR Permit
 EZC Permit

Address: _____ Date: ____ / ____ / ____
 Zone: _____ Construction Type: _____ Application #: _____
 Zoning Approval #: _____

Owner: _____ Home: () - _____ Email: _____
 Name: _____ Mobile: () - _____ Other: _____
 Address: _____ Fax: () - _____

Occupant Same as Property Owner

Occupant: _____ Home: () - _____ Email: _____
 Mobile: () - _____ Other: _____

Contractor:	Office: () - _____	Trade Professional
Name: _____	Mobile: () - _____	Reg. #: _____
Address: _____	Fax: () - _____	Reg. Exp.: _____
	Email: _____	Ins. Exp.: _____

Architect:	Office: () - _____	Design Professional
Name: _____	Mobile: () - _____	PA Reg. #: _____
Address: _____	Fax: () - _____	Ins. Exp.: _____
	Email: _____	

Construction Type:

- New Construction
 Addition
 Alteration
 Temporary

Work Location (Area/Floor/Etc.)	Area or Work Space:	Number of Floors	Fair Market Value of Proposed Work
	sf		

Property Type:

- 1 or 2 Family Dwelling
 Retail Store
 Warehouse
 Manufacturing
 Townhome
 Restaurant / Food Prep.
 Office Bldg
 Other (Explain)
 Multifamily Dwelling
 Health Care Facility
 Fitness Center
 Municipal
 Mixed Use
 Fuel Dispensing Facility
 Other _____

Communications Systems:

- Fire Alarm
 Burg Alarm
 Phone Sys
 Network Sys
 CCTV System
 Other

Service:

- Overhead
 Underground
 Generator
 Solar/Wind
 Other

Voltage: _____ Wire Size & Type: _____ # of Meters _____
 Amperage: _____ Ground Size & Type _____
 Phase: _____ Conduit Size & Type _____

Equipment Counts:

<input type="checkbox"/> Receptacles	<input type="checkbox"/> KW Cook Top	<input type="checkbox"/> Emergency Lighting Pack	<input type="checkbox"/> FA / Burg Alarm Panel
<input type="checkbox"/> Switches / Sensors	<input type="checkbox"/> KW Oven	<input type="checkbox"/> Emergency Exit Sign	<input type="checkbox"/> FA Booster Panel
<input type="checkbox"/> Luminaires	<input type="checkbox"/> KW Dish Washer	<input type="checkbox"/> Emerg. Remote Heads	<input type="checkbox"/> Fire / Burg Annunciator
<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Microwave	<input type="checkbox"/> Door Bell	<input type="checkbox"/> System Smoke Detectors
<input type="checkbox"/> Vent Fan	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> CATV Jacks	<input type="checkbox"/> Heat Detectors
<input type="checkbox"/> HW Smoke Detector	<input type="checkbox"/> Instant Hot	<input type="checkbox"/> Phone Jacks	<input type="checkbox"/> Duct Detectors
<input type="checkbox"/> CO Detectors	<input type="checkbox"/> Range Hood	<input type="checkbox"/> Cat-5/6 Jacks	<input type="checkbox"/> Horns, Strobes & HS
<input type="checkbox"/> KW Electric Heat	<input type="checkbox"/> Compactor	<input type="checkbox"/> Speaker Outlets	<input type="checkbox"/> Pull Stations
<input type="checkbox"/> KW Heat Pump	<input type="checkbox"/> KW Dryer	<input type="checkbox"/> Security Cameras	<input type="checkbox"/> Flow / Tamper Switches
<input type="checkbox"/> KW Base Board Heat	<input type="checkbox"/> Washer	<input type="checkbox"/> Intercoms	<input type="checkbox"/> Contacts / Motion / Etc
<input type="checkbox"/> Btu Air Cond	<input type="checkbox"/> KW Hot Water Heater	<input type="checkbox"/> Motors	<input type="checkbox"/> Transformers

Description of Proposed Work:

Is this Application the result of a Violation? Yes No Violation #: _____

****IMPORTANT NOTICE****

Failure to fill in ALL Required Fields will result in rejection or significant delays in the processing of your permit application!

All provisions of the Uniform Construction Code, and the Zoning Ordinances & Resolutions of the Borough of Saint Lawrence will be complied with, whether specified herein or not. Plans approved by the Codes Department form a part of this application. I Herby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the forgoing application, and that before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I Understand that if I knowingly make any false statements herein I am subject to such penalties as may be prescribed by law or ordinance.

Applicant Signature: _____ Date: _____ / _____ / _____

Electrical Fee Schedule:

- Contractor Registration
- Residential Minimum
- Commercial Minimum
- 2% of Fair Market Value
- Plan Review First Page
- Plan Review each page after First
- Penalty (Double Permit Fee)
- State Fee (APPLIES TO ALL UCC PERMITS)

EZR Electrical Permit (Each Inspection)

- (1 & 2 Family Only)
- 100 & 200 Amp. Electrical Service
- Burglar Alarm System
- Fire Alarm
- Security Cameras
- *Minor Upgrades:*
- 3 or less circuits, 10 or less lights, switches receptacles without opening walls (Old work only)

Codes Department Use Only:

<input type="checkbox"/> Zoning Approval Granted	<input type="checkbox"/> Application Complete	<input type="checkbox"/> Contractor Registered
<input type="checkbox"/> Plans Received	<input type="checkbox"/> Insurance Certificate Approved	Payment Amount: _____
<input type="checkbox"/> Payment Received	<input type="checkbox"/> Fair Market Value Approved	Payment Type: _____

Notes:

Code Official Approval: _____ Date: _____ / _____ / _____

Submit to: State Inspection Authority Office: (610) 450-4600
 1797 Little Conestoga Road Fax: (610) 450-4689
 Glenmoore, PA 19343 Email: slbpermits@stateinspection.org