

Pre-Application Checklist: Copy of Contract ____ Insurance Certificates ____

Upper Providence Electrical Permit Application

935 N Providence Road Media, PA 19063

610-565-4944

Site Address _____ City _____

Type _____ Property Owner _____

Primary Contact _____ Phone _____ Email _____

Contractor _____ Address _____

Primary Contact _____ Phone _____ Email _____ HIC# _____

Please indicate the type and quantity of equipment being installed and whether it is new or a replacement.

Type	Quantity	N/R	Type	Quantity	N/R
Receptacles			Water Heater		
Luminaires			Fan		
GFCI Devices			Condenser		
AFCI Devices			Dryer		
Smoke Alarms			Electric Heat Source		
CO Alarms			Service Drop		
Combo Alarms			Service Entrance		
Microwave			Meter		
Range			Service Panel		
Oven			Sub Panel		
Dishwasher			Pool Panel		
Low Voltage Lights			Pool Bonding		

Description of work:

Please check this box to indicate that the system has been evaluated by a professional and can safely handle all loads
Please check this box to acknowledge 3rd party rough and final inspections are required.

Applicant Signature _____ Date _____

Cost of Job _____

Municipal Comments:

Permit Fee _____ +\$4.50 Total Fee _____ Permit # _____

3rd Party Signature _____ Date _____

For all inspections call Steve at United Inspection Agency at 484-443-8895

Check # _____ Received By _____ Date _____