

APPLICATION FOR  
**ELECTRICAL PERMIT**

APPLICATION # \_\_\_\_\_  
*(Please complete all information below and print clearly)*



**CITY OF PHILADELPHIA**  
**DEPARTMENT OF LICENSES AND INSPECTIONS**  
MUNICIPAL SERVICES BUILDING - CONCOURSE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102  
*For more information visit us at [www.phila.gov/li](http://www.phila.gov/li)*

ADDRESS OF PROPOSED CONSTRUCTION:

LOCATION WITHIN BUILDING (FLOOR, SPACE NUMBER, ETC.):

OWNER: \_\_\_\_\_ OWNER PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ELECTRICAL CONTRACTOR: \_\_\_\_\_ CONTRACTOR'S ADDRESS: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ LICENSE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARCHITECT/ENGINEER IN RESPONSIBLE CHARGE: \_\_\_\_\_ ARCHITECT/ENGINEERING FIRM ADDRESS: \_\_\_\_\_  
ARCHITECT/ENGINEERING FIRM: \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ LICENSE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSED INSPECTION AGENCY:

<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION / REHABILITATION	AREA OF WORK SPACE SQ.FT.	ESTIMATED COST \$	NUMBER OF FLOORS IN BUILDING
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USE OF BUILDING SPACE <input type="checkbox"/> ONE - OR - TWO - FAMILY DWELLING <input type="checkbox"/> HEALTH CARE FACILITY <input type="checkbox"/> OTHER (DESCRIBE BELOW):	<input type="checkbox"/> FUEL DISPENSING FACILITY <input type="checkbox"/> HAZARDOUS LOCATION (ARTICLES 500-503)	EQUIPMENT <input type="checkbox"/> < 600 VOLTS <input type="checkbox"/> ≥ 600 VOLTS	CAPACITY <input type="checkbox"/> < 400 AMPS OR 100 KW <input type="checkbox"/> ≥ 400 AMPS OR 100 KW
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**TYPE OF WORK (SELECT ALL THAT APPLY)**

**COMMUNICATIONS SYSTEMS** (DESCRIBE BELOW)

**FIRE ALARM**  
 REPLACE OR RELOCATE DEVICES ON EXISTING APPROVED FIRE ALARM SYSTEM (EXCLUDING MAIN PANEL)  
 NEW INSTALLATION  ALTERATION TO EXISTING SYSTEM (DESCRIBE BELOW)

**ELECTRICAL**  
 ELECTRICAL SERVICE  REPLACEMENT OF EQUIPMENT IN KIND WITH NO ADDITIONAL WIRING  
 TEMPORARY USE OF PORTABLE WIRING (FOR CARNIVAL OR EVENT)  
 TEMPORARY ELECTRIC WORK FOR CONSTRUCTION SITE  
 OTHER WORK NOT LISTED ABOVE (DESCRIBE BELOW)

BRIEF DESCRIPTION OF WORK:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THIS APPLICATION IN RESPONSE TO A VIOLATION?  NO  YES VIOLATION #:

All provisions of the Philadelphia Building Construction and Occupancy Code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby 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 foregoing application, that the owner has selected the licensed inspection agency identified above 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 statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_