



1130 N. Bethlehem Pike  
Spring House, PA 19477  
215.646.5302 (p) 215.646.3357 (f)

### **APPLICATION FOR PERMIT**

*(All below relevant fields must be filled out prior to submission)*

**Parcel Information (must be filled out for all work):**

**Address of work to be performed:** \_\_\_\_\_

Property Type: ☐ Residential ☐ Commercial Zoning District: \_\_\_\_\_

Parcel Owner Name: \_\_\_\_\_

**(copy of signed contract must be included with submission)**

Parcel Owner Address: (if different than address listed above)

\_\_\_\_\_ Parcel Owner Phone: \_\_\_\_\_

Parcel Owner Email: \_\_\_\_\_

Contractor Information (current COI is required with each submission):

Business Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HIC PA License #(residential work): PA \_\_\_\_\_ LGT Contractor License # (commercial work): C- \_\_\_\_\_

Architect/Engineer information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Permit Information:**

Electrical Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

LGT Current Master Electrician License #: EL-\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

Description of Electrical Work to be Performed:

Electrical Inspection Agency **(all electrical plans must have a third-party stamp prior to submission)**:

- ☐ Middle Department Inspection Agency      ☐ Middle Atlantic Electrical Inspections  
☐ Code Inspections      ☐ Bureau Veritas North America  
☐ United Inspection Agency

*I do hereby attest that the information provided on this application is true and that I am versed in the National Electric Code and the Lower Gwynedd Township Electrical Ordinance; further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township.*

Signature of Master Electrician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LGT Permit #: \_\_\_\_\_