

**Trappe Borough**

**525 W. Main Street**

**Trappe, PA 19426**

**Ph: 610.489.7181**

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**[www.trappeborough.com](http://www.trappeborough.com)**

## Electrical Permit Application

### AN ELECTRICAL Permit is required FOR:

- Installing new wiring
- Replacing old wiring inside any walls, floors, ceilings, doors, spas, pools, HVAC, etc.
- Relocating wires, light fixtures, garage door openers, spas, pools, etc.
- NOTE: An Electrical Permit is *not* required if you are simply replacing existing outlets, receptacles and/or light fixtures.

**PLAN REVIEW: Plans being submitted to Trappe Borough for a permit must already be reviewed, stamped & signed by a state-certified third party agency prior to submission of an Electrical Permit Application. This is a party who can review the plans and do the electrical inspections. (not an engineer/design professional)**

### **ELECTRICAL INSPECTIONS:**

Trappe Borough's Code Inspector does not do electrical inspections.

- Applicant(s) are required to schedule any/all required electrical inspections with a state-certified third-party electrical inspector.
- The state-certified third-party inspector must provide a cut card to the Borough verifying the electrical improvement work has passed final inspection and meets code compliance.

Site Address/Location of Project \_\_\_\_\_

Describe Project \_\_\_\_\_

**Property Owner** \_\_\_\_\_

Property Owner Address \_\_\_\_\_

Phone & Email \_\_\_\_\_

**Contractor** \_\_\_\_\_

Address \_\_\_\_\_

Phone & Email \_\_\_\_\_

Applicant is (indicate one):     owner         contractor        other \_\_\_\_\_

**Description of Work** \_\_\_\_\_

**Required: Two sets of pre-approved plans**

**Permit fee: check payable to Trappe Borough**

**Certificate of Insurance naming the Borough as Certificate Holder.**

\_\_\_\_\_ Residential

\_\_\_\_\_ Commercial

\_\_\_ New construction \_\_\_ Addition \_\_\_ Alteration \_\_\_ Renovation \_\_\_ Historic

I hereby certify that I am the owner or authorized by the owner to sign this permit application that the information contained within is accurate and I/we agree to abide by all applicable laws of jurisdiction.

I understand that the Borough will be approving this application based on information I have provided, that if inaccurate may affect the approvals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR BOROUGH USE ONLY:**

\* Permit Fee: \_\_\_\_\_  
State Surcharge: \_\_\_\_\_  
Total Fee: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Received: \_\_\_\_\_  
Payment Type: Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Verified: \_\_\_\_\_

- Payment
- Plans
- Certificate of Insurance  Workers Comp
- HOA Approval (if applicable)
- Any required zoning permits

Parcel ID \_\_\_\_\_  
Zoning District \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

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Building Code Official Approval