



Township of Bethlehem
 Department of Planning and Economic Development
 Zoning and Construction Division
 Offices of the Zoning Officer and Building Code Official
 610-814-6430



1209 Hausman Road, Suite B
 Allentown, PA 18104
 TEL 484-223-0763
 FAX 484-223-0768
 info@codemaster.info

Bethlehem Township Zoning Ordinance of 1997, PA. Construction Code Act 45 & the Uniform Construction Code contained in 34 PA Code, Chapters 401-405, The International Building Code and its supplements, whereas amended by the Bethlehem Township Code Ordinance # 03-04, June 21, 2004

APPLICATION FOR ELECTRICAL PERMIT

CodeMaster Inspection Services, Inc. is the Third Party provider for Electrical Plan Reviews and Inspection Services.
**All Electrical Inspections shall be scheduled by calling CodeMaster at 484-223-0763
 at least 48 hours in advance.**

Application is hereby made for a permit to install or alter electrical service and/or systems and/or heating systems on the premises described herewith. The information which follows, together with the electrical plan and/or heating plan and/or alarm plan, is made part of this application by the undersigned. It is understood and agreed by this applicant that any misrepresentation of material fact, subsequent to issuance of the permit, without approval of the Inspection Division-Electrical Section shall constitute sufficient grounds for the revocation of this permit, and/or prosecution.

All Relevant Sections of this form must be completed or application will not be accepted for review.

A. LOCATION OF PROPOSED ELECTRICAL WORK/IMPROVEMENT

RESIDENTIAL _____

Pennsylvania Home Improvement
 Contractor's Registration number :

COMMERCIAL/NON-RESIDENTIAL _____ (Engineered drawings may be required)

Required as of July 1st, 2009

1. Job Site Address/Street/City/Zip: _____
2. Tax Parcel ID #: _____
3. Owner: _____
4. Owner's Full Mailing Address: _____
5. Owner's Phone Number: _____
6. Applicant: _____
7. Applicant Address: _____
8. Applicant Phone/Fax/E-mail _____
9. Contractor: _____
10. Contractor Address: _____
11. Contractor Phone No.: _____
12. Electric Utility No.: _____
13. Estimated Cost of Work: _____
14. Name & phone number of person to contact regarding this application: _____

B. PURPOSE/TYPE OF ELECTRICAL WORK OR IMPROVEMENT

RESIDENTIAL _____

COMMERCIAL/NON-RESIDENTIAL _____ (Engineered drawings may be required)

Type of Work (check all that apply):

- New Construction _____
- Electrical Alterations _____
- Rough Wire: _____
- Switches: _____
- Lighting: _____
- Receptacles: _____
- Service Upgrade (amps): _____
- Feeders & Panel Boards (amps): _____
- Pools, Spas & Hot tubs (in-ground or above ground): _____ (Specifications are required)
- Pools: 3 year State re-certification: _____
- Commercial Wall or Freestanding Signs (Electrical): _____

Miscellaneous Equipment:

- Heating & Air Conditioners: _____
- Motors Generators and Transformers: _____
- Water Heaters: _____
- Oven, Dishwasher, Dryer, or Pump: _____
- Security Alarm: _____
- Other (explain): _____

Description of Proposed Electrical work:

Additional specifications may be required for electrical permit approval. For confirmation on any of these requirements, please call CodeMaster Inspection Services @ 484-223-0763 or e-mail: info@codemaster.info

Date Received _____
Ins. Addendum Y N

PERMIT NUMBER: _____

FEE CHARGED: _____

DATE ISSUED: _____

USE: _____

APPLICATION NO.	APPLICATION DATE:	PERMIT NO.
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**TOWNSHIP OF BETHLEHEM
OFFICE OF CONSTRUCTION OFFICIAL**

**CONTRACTOR ADDENDUM TO CONSTRUCTION
PERMIT ESTABLISHING COMPLIANCE WITH
ACT 44 OF 1993, 77 P.S. §462.2, RELATING TO PROOF
OF WORKERS' COMPENSATION INSURANCE**

**NOTICE: THIS FORM IS TO BE COMPLETED BY THE CONTRACTOR
PERFORMING THE WORK AUTHORIZED BY THE PERMIT FOR CONSTRUCTION**

PART I	CONTRACTOR INFORMATION
NAME OF PERSON COMPLETING THIS FORM AND TITLE, IF ANY	NAME OF LEGAL ENTITY, IF APPLICANT NOT AN INDIVIDUAL
	TYPE OF ENTITY [CHECK ONE BOX]: <input type="checkbox"/> FOR PROFIT CORPORATION <input type="checkbox"/> NONPROFIT CORPORATION <input type="checkbox"/> IRC §501.3.C. CORPORATION <input type="checkbox"/> OTHER [SPECIFY]
STREET ADDRESS, CITY, STATE AND ZIP CODE OF PERSON COMPLETING THIS FORM	STREET ADDRESS, CITY, STATE AND ZIP CODE OF LEGAL ENTITY

CONTRACTOR'S FEDERAL OR STATE EMPLOYER'S IDENTIFICATION NO.:

PART II	TYPE OF COMPLIANCE WITH WORKERS' COMPENSATION ACT
THE CONTRACTOR NAMED ABOVE IS IN COMPLIANCE WITH THE REQUIREMENTS OF THE WORKERS' COMPENSATION ACT AND SUBMITS THE FOLLOWING AS PROOF OF COMPLIANCE [CHECK ONE BOX]:	
<input type="checkbox"/> CERTIFICATE OF INSURANCE [COMPLETE PART III] <input type="checkbox"/> CERTIFICATE OF SELF-INSURANCE [COMPLETE PART III] <input type="checkbox"/> AFFIDAVIT OF EXEMPTION [COMPLETE PART IV]	

PART III	CERTIFICATE OF INSURANCE OR SELF-INSURANCE AND VERIFICATION
THE CONTRACTOR HEREBY SUBMITS AND HAS ATTACHED HERETO A TRUE AND CORRECT COPY OF THE CERTIFICATE OF THE CONTRACTOR'S WORKERS' COMPENSATION INSURANCE. THE CERTIFICATE OF INSURANCE NAMES BETHLEHEM TOWNSHIP AS A CERTIFICATE HOLDER. I UNDERSTAND AND AGREE THAT I AND THE INSURER ARE REQUIRED TO NOTIFY BETHLEHEM TOWNSHIP OF THE EXPIRATION OR CANCELLATION OF ANY SUCH POLICY OF INSURANCE OR POLICY CERTIFICATE WITHIN THREE (3) WORKING DAYS OF SUCH EXPIRATION OR CANCELLATION. I UNDERSTAND AND AGREE THAT IF BETHLEHEM TOWNSHIP RECEIVES NOTICE OF EXPIRATION OR CANCELLATION OF THIS POLICY OF INSURANCE OR CERTIFICATE THAT IT IS REQUIRED BY LAW TO ISSUE A STOP-WORK ORDER.	
NAME OF INSURER (OR SELF-INSURER):	
STREET ADDRESS, CITY, STATE AND ZIP CODE OF INSURER (OR SELF-INSURER):	

