

Date _____

Permit No. _____ **-SIGN**

Borough of Pitcairn

APPLICATION FOR RESIDENTIAL OR COMMERCIAL SIGN PERMIT

<u>Description of Electrical Work</u>	<input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION <input type="checkbox"/> SIGN LIGHTING <input type="checkbox"/> UNDERGROUND SERVICE, CONDUCTORS OR FEEDERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> RECONNECT
<u>Site Information</u>	NAME: _____ ADDRESS: _____ Subdivision _____ Lot _____ Block _____ Construction Costs: _____	
<u>Use/Occupancy classification:</u> (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<u>Type of work to be done</u> (check all that apply)	<input type="checkbox"/> New construction <input type="checkbox"/> Equipment replacement with same amperage rating <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and or extension of system <input type="checkbox"/> Equipment replacement with higher amperage rating	
<u>Documentation required</u> (Check all submitted with application)	<input type="checkbox"/> 2 complete sets of signed and stamped Engineered electrical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing locations and sizes. Site plan for exterior work. <input type="checkbox"/> Electrical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> If electrical equipment is being installed at exterior of structure an approved zoning application is required.	
<u>Description of Work</u>	<input type="checkbox"/> Installation includes low voltage wiring or systems. Will signs have Electric ? _____ <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____ <input type="checkbox"/> Will footers be installed	
<u>Sign Application</u>	<input type="checkbox"/> Wall sign <input type="checkbox"/> Pole sign <input type="checkbox"/> Ground sign <input type="checkbox"/> Roof sign <input type="checkbox"/> Projecting sign	
<u>Owner Information</u>	Owner's name _____ Address _____ Phone _____ Fax _____ Email _____	
<u>Contractor Information</u>	Company name _____ Address _____ Contact Person _____ Phone _____ Fax _____ Email _____	

<p><u>Insurance Information</u></p>	<p>Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____</p> <p>Note: A copy of your insurance certificate must accompany this application.</p>
<p><u>Applicant Signature</u></p>	<p>Print Name: _____</p> <p>Signature _____ Date _____</p>

-OFFICIAL USE ONLY-

<p>FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____</p> <p>TOTAL _____</p>	<p>PERMIT ISSUED _____ PERMIT DENIED _____</p> <p>REASON REVISED _____</p> <p>Z.H.B. CASE # _____</p> <p>Z.H.B. DECISION _____</p> <p>X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____</p>
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**COMMERCIAL OR RESIDENTIAL ELECTRICAL
REQUIRED INSPECTIONS**

IT IS MANDATORY TO CALL PEI FOR INSPECTION

AT 412-787-1510 OR VISIT:

<http://plans-examiners.com/pitcairnborough.html>. - **48-HOUR NOTICE REQUIRED**

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

Footer:

Required:

Date:

Inspector Cert. #

Inspector Signature:

Rough Framing: To be completed after Rough Mechanical/Electrical/Plumbing inspections: Prior to insulation.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Underground Rough Electrical: Prior to backfilling of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Rough Electrical: After installation of rough wiring and prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Final Electrical: To be completed when systems are complete and operational.

Required:

Date:

Inspector Cert. #

Inspector Signature:

INSPECTION PENALTY:

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.