

**BOROUGH OF DORMONT ELECTRICAL APPLICATION**

1444 Hillsdale Ave  
 Pittsburgh, PA 15216  
 Phone (412) 561-8900 Fax (412) 561-7805

This application must be completed in full. Failure to complete the application in full and submit two (2) sets of construction drawings if pertinent to the construction work may delay the issuance of your electrical permit. Please submit a current copy of Insurance when making application.

*Applications that are completely filled-out and with the required supporting documents will be processed in the order they are received. All applications must have a valid property address, if the address is not valid your application will not be processed.*

No construction work on building shall begin until the Zoning Department has approved business use and the Building Department has issued permits (if applicable). Any person who commences any work on or before obtaining the necessary permit(s) shall be subject to a penalty fee of \$150.00 in addition to the required permit fee(s).

**PROPERTY INFORMATION**

Permit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning Dist: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Lot & Block # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

email: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**CONTRACTORS INFORMATION**

*(Contractor must attach a copy of current insurance certificate.)*

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

email: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Sq. Ft of Work Proposed: \_\_\_\_\_

Estimated cost of work \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ELECTRICAL WORK BEING PERFORMED.**

**NUMBER**

Outlets	
Fixtures	
Power Outlets	
Fractional HP Motors	
Generators	
Temp Service Panels	amps
Service Panels	amps
Service Panels	amps
Sub-Panels	amps
Sub-Panels	amps
Disconnects	amps
Disconnects	amps
Transformers	
Signal Systems	
Signs	
Swimming Pools/Spas/Hot-Tubs	
Other-Please List	
Other-Please List	

Approved by \_\_\_\_\_

MDIA- Fees \_\_\_\_\_

Date: \_\_\_\_\_