BOROUGH OF FOLCROFT

APPLICATION FOR ELECTRICAL PERMIT

1555 Elmwood Avenue Folcroft, PA 19032 610-522-1305 Fax 610-522-1114

I.					ZONINO			
LOCATION	AT (LOCATION)				ZONING DISTRICT			
OF	(NO.) (STREET)							
	BETWEEN(CRO	SS STREET)	AND	(CBO)	SS STREET)			
BUILDING	(0.10.	50 0111221)		LOT	E 2 No.			
	SUBDIVISION	LOT	BLOCK					
II. TYPE AN	D COST OF BUILDING	– All applicants comple	ete Parts A - I)				
A. TYPE OF IM		B. OWNERSHIP	C. COST		(Omit cents)			
 New building Addition (If residential, enter number of new housing units added, if any, in Part D, 13) Alteration (See 2 above) 		8 Private						
		(Individual, corporation, non-		COST	\$			
		profit institution,		ROVEMENT	\$			
4 Repair, r	eplacement	etc.)						
5 ☐ Fence 6 ☐ Decks		9 Public (Federal, State, or local			\$			
7 Porch		government)	7		\$			
. PROPOSED	USE – For "Wrecking" most recent	use						
Residential	Nor	n-residential		25 School,	library, other educational			
12 One or to	wo family	17 Amusement, recreations	al	26 Stores,				
13 🔲 Two or m	nore family - Enter number of	18 Church, other religious		27 Tanks, to	owers			
units		19 🗌 Industrial		28 🗌 Other -	Specify			
14 Garage		20 Parking garage						
15 Day Care		21 Service station, repair g	arage					
16 ☐ Other – S		22 Hospital, institutional	al .	☐ Existing I	Building			
		23 ☐ Office, bank, professions 24 ☐ Public utility	aı					
	chial school, parking garage for depa illding is being changed, enter pro		ing, office building	at industrial plant.				
	ED CHARACTERISTICS YPE OF FRAME		NOIONO					
			F. DIMENSIONS					
29 Masonry (· · · · · · · · · · · · · · · · · · ·		34 Number of stories					
30 Wood fran		35 Tot	35 Total square feet of floor area,					
31 Structural			all floors, based on					
32 Reinforce			exterior dimension	ons				
33 ☐ Other – S _i	Decity	00 7-1	alland area as 4					
	·	36 100	al land area, sq. f					

Date	

ELECTRICAL PERMIT AP	PLICATION		AND AND PARTY AND PARTY.			
TOTAL SERVICE AMPS			NUMBER OF SERVICE OUTLETS TO BE INSTALLED			220 V
NO. OF CIRCUITS TO BE INSTALLED	2 WIRE	3 WIRE	4 WIRE	NO. OF GI	FI'S TO	BE
ROOMS	NO.	OUTLET TYPE	ROOMS		NO.	OUTLET TYPE
			7			
2			8			
3			9			
			10			
			11			
		State of the state	12			
THIRD PARTY INSPECTION AGE	NCY	1.476	State of the state			
IV. IDENTIFICATION	- 10 be comple				0-4-	T-I N
Name Name Name		mailing address -	Number, Street, City, and State	Zip	Code	Tel. No.
Contractor surance roker's el. No.					lder's nse No.	
rchitect or ngineer	71. 3. 3. 40.					
hereby certify that the propose pplication as his authorized ag					owner	to make this
ignature of applicant	Addres					Application dat
	Applica	nt Fmail Address			I was a second	