BOROUGH OF KENHORST

339 S. Kenhorst Blvd.
Kenhorst, PA 19607
Phone: 610-777-7327
Fax: 610-777-8980
Email: info@kenhorstborough.com
www.kenhorstborough.com

Electrical Permit Application

Property Information

Owner's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email: _____ Fax: _____

Contractor Information

Contractor's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email: _____ Fax: _____

Improvement Information

Location where improvements will be made: _____ Utility Work Order #: _____

Type or work: ☐ New Construction ☐ Addition ☐ Alteration/Replacement ☐ Pool Cost of Improvement: _____

Service feeder/distribution panel: ☐ New ☐ Existing Size: _____ Amps

Brief description of work: _____

_____

Equipment Identification (Type and Number)

☐ Ceiling Outlets _____	☐ Ranges _____	☐ Meters _____
☐ Switches _____	☐ Water Heater _____	☐ Subpanels _____
☐ Plug Receptacles _____	☐ Heaters _____	☐ Generators _____
☐ Heat/Smoke Detectors _____	☐ Air Conditioners _____	☐ Motors _____

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature: _____ Date: _____

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Pennsylvania Workers' Compensation Insurance Coverage Information Form

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. **Are you the homeowner/property owner** performing the work (as requested in this application) yourself?
   - ☐ No. Go to question #2
   - ☐ Yes. Read this exemption statement, sign to indicate your understanding and submit this form with your application
     "Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."
     Signature: _____ Date: _____

2. **Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?
   - ☐ No. Go to question #3
   - ☐ Yes. Please have your contractor complete Sections A & B

3. **Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?
   - ☐ Yes. Complete Section A & B
   - ☐ No. Please explain: _____

A. Name of Company: _____
Contact Person: _____ Phone Number: _____
Company Address: _____
Federal or State Employee Identification Number: _____

Please select one of the following options:

- ☐ Applicant is a qualified self-insurer for workers' compensation.
  Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant carries workers' compensation coverage with an insurance company.
  Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant is exempt from providing workers' compensation insurance because:
  - ☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
  - ☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project? ☐ No ☐ Yes
(if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature: _____ Date: _____

Address: _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County: _____ Municipality: _____

My commission expires: _____ Subscribed and sworn to before me this _____ day of _____ 20 ____ .

SEAL

_____