

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____



Clearance Checklist

1. Name of Customer:
2. Customer Address:
3. Proposed Structure Address (if different):
4. Customer Phone Number:
5. Customer E-mail:
6. Date of Request:
7. Is the customer's proposed structure inside of DLC right-of-way easement? Yes/No/Unsure <i>Easements are publically available at the courthouse.</i>
8. Please check the following that apply: <input type="checkbox"/> Is the customer's proposed structure or apparatus near any transmission towers/poles? <input type="checkbox"/> Is the customer's proposed structure or apparatus near any transmission wires? <input type="checkbox"/> Is the customer's proposed structure or apparatus directly under any transmission lines?
9. If any of the boxes are checked, request a clearance study from Duquesne Light Company (contact below).
10. Please describe the customer's proposed structure or apparatus:
11. Provide preliminary plans for review. If no plans are available, please provide the following information: Width of proposed structure in feet: Height of proposed structure in feet: Length of proposed structure in feet: Approximate distance of proposed structure to the nearest tower leg or monopole: Approximate distance of proposed structure to overhead wires:

Please send this form and attachments to:

- DLC Public E-mail Inbox: transmissionclearances@duqlight.com
- DLC Customer Contact Center – 412-393-7100