

Mount Joy Borough

21 East Main Street 717- 653-2300 Fax: 717-653-6680 7AM-4PM, M-F

UCC ELECTRICAL PERMIT - SMALL WIRELESS FACILITIES ONLY.

APPLICANT NAME:						
CONTACT PERSON:						
MAILING ADDRESS:	Street Address:					
	City:	State: _		Zip Code:		
	Phone No.:		Email:			
ENGINEER:						
MAILING ADDRESS:	Street Address:	State:		Zip Code:		
	Phone No.:		_ Email:			
☐ Plans must in	clude any structural	ungrades to i	nstall anter	nnas		
	clude any electrical (. •	riotali arttoi	mas.		
	clude how power wil	. •	and if new	electrical service is		

Description of proposed electrical and/or structural improvement:				
Cost of Construction/Improvement (include labor & material): \$				
Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable Building Codes. I realize that the information that I have stated here in, forms a basis for the issuance of the electrical permit herein applie for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the UCC therewith.				
I hereby certify that I am the owner at this address or that, for the purpose of obtaining this approval, I am acting on behalf of the owner.				
Signature of owner/representative Signature of contractor Date				

Official 3rd Party Agency (For UCC Review)

Official 3rd Party Construction Code Plan Reviewer & Inspector

All inspections per the Uniform Construction Code and International Building Code will be conducted

By: Commonwealth Code Inspection Service, Inc. 176 Doe Run Road Manheim, PA 17545-9322 (717) 664-2347 Fax (717) 664-4953

*Please contact the inspector at least 48 hours in advance

FOR OFFICE USE ONLY	
UCC PLAN REVIEW FEE: \$ (Check to be made payable to Mount Joy Borough)	
THIRD PARTY INSPECTION FEES (UCC) \$ (Check to be made payable to Commonwealth Code Inspec	ection Service)
TOTAL:	
ВСО	
Signature of Zoning Code and Planning Administrator	Date