

# City of Harrisburg, Bureau of Codes

10 N. 2<sup>nd</sup> St., Suite 205  
Harrisburg, Pa 17101  
Ph. 717-255-6553

# Low Voltage/Cable Permit Application

Penalty Fee (If applicable): \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Permit #: \_\_\_\_\_

**1. Property Address:** \_\_\_\_\_ Number of Units \_\_\_\_\_  
Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_  
Owner \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Ownership Private \_\_\_\_\_ Public \_\_\_\_\_  
Building is: Occupied Vacant If Vacant, how long? \_\_\_\_\_  
Existing Use: Residential Commercial Mix Use – Description \_\_\_\_\_

<b>2. Proposed Work:</b> New/Addition _____ Alteration _____ Repair _____ Optic Fiber Cabling _____ Radio/Television Equipment _____ Communication Systems (Security, Fire Alarm, Telephone, Computer) _____ Other _____ Work Description _____ _____ _____ _____ _____ _____	<b>Estimated Date of Completion</b> _____  <b>Cost (Material &amp; Labor)</b> \$ _____
	<b><u>For Office Use Only</u></b>  Application Fee (non-refundable) \$ _____ Administrative Fee \$ _____ State Fee \$ _____ 4.50 <b><u>Total Fee</u></b> \$ _____

**3. Contractor Mercantile Lic. # (REQUIRED):** \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Inspection Agency \_\_\_\_\_  
**The undersigned hereby certifies that the proposed work is authorized by the owner of record and that they have been authorized by the owner to make this application as an authorized agent and does hereby agree to conform to all applicable laws of this jurisdiction. Applicant certifies that all information given is correct and that all pertinent electrical ordinances will be complied with.**

City Codes Approval \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_