

WEST CONSHOHOCKEN BOROUGH
112 Ford Street
West Conshohocken, PA 19428
OFFICE: 610-828-9747 FAX: 610-828-9646

LOW VOLTAGE ELECTRICAL/ COMMUNICATION DEVICE PERMIT

Date Submitted: _____

Site Address (Suite #/Apt #): _____

Contractor's Name: _____

Contractor's Address: _____

Contact Person: _____ Business Phone # _____

Cell Phone # _____ Email Address _____

Estimated Value of Improvement: \$ _____

Permit Use Group: Office Commercial Residential Apartment Unit

Description of Work: _____

Enclosed with this application are the following documents:

Floor Plans indicating location of all Voice/Data Drop

Types of Cables and Jacks to be used. _____

For Office Use Only

Permit Fee: _____

UCC Fee: \$ 4.50

Total _____

Authorizing Signature