

ELECTRICAL PERMIT

Permit Number _____

Date _____

IV. IDENTIFICATION – To be completed by all applicants **PARCEL #/MAP/BLOCK/LOT**

Owner/Lessee _____ Telephone No. _____

Address: _____

Contractor: _____ Telephone No. _____

Address: _____ Builder's License No. _____

Architect/Engineer _____ Telephone No. _____

Address: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant _____

Address: _____

Application Date: _____

ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS / Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE _____

Number of Service Outlets: _____ 110V _____ 220V

POWER DEVICES	No.	OUTPUT/LOAD
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Utility Service Revisions: **DESCRIPTION OF WORK TO BE DONE:** _____

Est. Start Date: _____ Est. Finish Date: _____ Electrical Work Est. Value \$ _____

STOCKERTOWN BOROUGH

Suzanne Borzak, Zoning Officer

209 Main Street, P.O. Box 174

Stockertown, PA 18083

Office: 610-759-8393 Cell: 484-495-4433