

MUNICIPALITY: _____ COUNTY: _____



Electrical Permit Application

PLEASE PRINT OR TYPE ALL INFORMATION

PERMIT # _____ TRACKING # _____ DATE _____
Commercial _____ Residential _____
Exposed _____ Concealed _____
FEE \$ _____

JOB ADDRESS: _____
Street Number and Name

Use of structure: _____

OWNER'S NAME: _____

PHONE NUMBERS: _____ Cell _____ Fax _____

CONTRACTOR: _____

ADDRESS: _____
Street Number and Name

City _____ State _____ Zip _____
Phone Numbers: _____
Office _____ Cell _____ Fax _____

List of work performed: Electric signs Recepticals Switches Lights
Service reconnect Temp. Service AC Alarms Sign
Other Equipment: _____ New Service

PP&L Job # _____ Service Size _____

of Sub Panels and Sizes _____

Inspectors' Use: _____

Cut Card _____ MB # _____ Inspector _____

Cr r de cp v' P co g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
"Rt k p' v' cp f' " U k i p"

COMMERCIAL ONLY