

ASSOCIATED APPLICATIONS

Permit # _____
 Permit # _____
 Permit # _____
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 Permit # _____

BOROUGH OF ALBURTIS

260 Franklin St
 Alburtis, PA 18011
 610-966-4777

ELECTRICAL PERMIT

Permit #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

APPLICANT NAME: _____ PHONE: (____) _____

APPLICANT ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

APPLICANT NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ PHONE: (____) _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

ELECTRICAL INFORMATION**APPLICATION FOR:**

- ☐ COMPLETE
☐ WIRING
☐ SERVICE
☐ POOL
☐ BONDING

TYPE OF WORK:

- ☐ COMMERCIAL
☐ RESIDENTIAL
☐ ADDITION
☐ ALTERATION

SERVICE INFORMATION:

- ☐ New ☐ Repair
 Size of Service: _____ amp
 Number of Meters: _____
 Subpanels: _____

**TO USE
EXISTING
WIRING?**

- ☐ Yes
☐ No

PPL # _____

SERVICE AIC # _____

☐ Overhead ☐ Underground**LIST ALL EQUIPMENT**

NUMBER OF ROUGH WIRING OUTLETS					NUMBER	TYPE OF DEVICE					SIZE		NUMBER		TYPE OF DEVICE					SIZE	
Receptacles						Heat Pump															
Lighting																					
Switches																					
Electric Heat																					
MOTORS Mark Number of Each Size		1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	

ADDITIONAL EQUIPMENT:**DESCRIPTION OF PROPOSED WORK:**

COST OF PROPOSED WORK: \$ _____

APPROVAL: <input type="checkbox"/> ELECTRICAL APPROVED INSPECTIONS: <input type="checkbox"/> SERVICE <input type="checkbox"/> ROUGH <input type="checkbox"/> FINAL	REVIEWER _____ DATE _____	FEES: <input type="checkbox"/> Electrical: \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ TOTAL \$ _____	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM APPLICANT NOTIFICATION <input type="checkbox"/> Applicant Called _____ Check # _____ Amount \$ _____
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APPROVAL CONDITIONS:

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____