

ELECTRICAL PERMIT

No. _____

Township: _____ Contractor _____

Owner: _____ Address: _____

Phone: _____ Phone: _____

Address: _____ Cell: _____

Site Address: _____

Use (circle): Residential Commercial Industrial Other _____

Type of Installation (circle): New Alteration Repair Other _____

Service (circle): Overhead Underground Job #: _____

Amperage: _____ Phase: _____

Describe scope of work: _____

Estimated Cost of Project: _____

Signature of Applicant

Date

Electrical Inspector: Technicon Enterprises Inc., II
200 Bethlehem Drive, Suite 201
Morgantown, PA 19543
Phone: 610-286-1622 Fax: 610-286-1679

All commercial permits must have drawings stamped and sealed by a licensed architect or professional engineer.

A minimum of twenty four (24) hours notice is required for inspections. Work must begin within (6) months of permit issuance or the permit shall become invalid.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT THE PERMIT WILL BECOME NULL AND VOID.

TECHNICON ENTERPRISES INC., II USE ONLY

Plan Review: _____ Permit: _____ Total Fee: _____

Method of Payment: check cash Collected by: _____

Issued by: _____ Date: _____

Electrical Inspections Required:
Service Rough wire Final _____