CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP
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Phone: **(610) 277-2400**
Fax: **(610) 277-2209**
Office Hour: **Mon-Fri 1-2 p.m.**
& By Appointment

APPLICATION FOR ELECTRICAL PERMIT

ELECTRICIAN

Name: _____
Address: _____
Cty/St/Zip _____
Phone: _____
Fax: _____
Email: _____

PROPERTY OWNER

Name: _____
Address: _____
Cty/St/Zip _____
Phone: _____
Fax: _____
Email: _____

Job Address: _____
_____
Tenant: _____
Bldg: _____ Suite: _____

Has a building permit been issued for for this project? Y N

Describe scope of work being performed for which a permit is requested:

Rough Wiring: _____ Lights _____ Service & Meter Equipment _____
_____ Switches_____ Reintroduction of Power: _____
Recep _____ Signaling Systems: _____
Swimming Pools: _____ Transformers: _____
Temporary Service: _____ Generators: _____
Electric Signs: _____ Feeders & Sub Panels: _____

_____
Electrician Signature

_____
Owner/Agent Signature

_____
Printed Name of Electrician

_____
Printed Name of Owner or Agent

BOTH OWNER (OR AGENT FOR OWNER) AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED

FOR OFFICE USE ONLY

Date Issued: _____ Permit #: _____
Fee Paid: _____ Approved By: _____

3/24/2012