

Eldred Township

490 Kunkletown Rd.
Kunkletown, PA. 18058
Phone 610 381-4252

Application for Electrical Permit

Electrician

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Pa. Contractors License: _____

Property Owner

PIN: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail _____

Job Address: _____

Tenant: _____

Bldg.: _____

Has a permit been issued for this project? Y N If yes, Permit Number _____

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

Rough Wiring _____ Lights: _____ Electric signs _____

Fire Alarm Device: _____ Switches: _____ Reintroduction of Power _____

Swimming Pool: _____ Recep: _____ Signaling Systems: _____

Above Ground: _____ Back-up Generator: _____ Transformers: _____

In Ground: _____ Fuel Type: _____ Feeders and Sub Panels: _____

Temporary Service: _____ Service and Meter EQ.: _____

Solar: _____ Amps: _____

Cost of electrical improvement: _____

Electrician Printed Name

Property Owner Name or Agent Name

Signature

Signature

TO SCHEDULE AN INSPECTION, VISIT
SFMCONSULTINGLLC.ORG/SCHEDULE-AN-INSPECTION
OR CALL INSPECTION AGENCY:
Shawn Mc Glynn
484 350-9088
smcglynn@sfmconsultingllc.org

OFFICE USE ONLY

DATE ISSUED _____

PERMIT # _____

PAID _____

APPROVED BY _____