



**CODE ENFORCEMENT AGENCY**  
1633 Route 51, Suite 100, Jefferson Hills, PA 15025  
1-866-410-4952      [www.cea-code.com](http://www.cea-code.com)

## **Commercial Electrical Permit Application**

Date: \_\_\_\_\_ Jurisdiction of Work: \_\_\_\_\_

Name on Permit: \_\_\_\_\_  
(Name of Customer or Applicant)

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_

License # \_\_\_\_\_ Workman's Comp Carrier: \_\_\_\_\_  
(If Applicable)

Architect or Engineer's Name: \_\_\_\_\_

Description of Electrical Application: \_\_\_\_\_  
\_\_\_\_\_

NEW SERVICE / EXISTING SERVICE      Name of Power Company: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expected Finish Date: \_\_\_\_\_  
**(CEA INTERNAL)**

Date Received: \_\_\_\_\_ Date of Review / Approval: \_\_\_\_\_

Permit Issued # \_\_\_\_\_ Fee on Permit Requested: \_\_\_\_\_

**EMAIL: [electrical@cea-code.com](mailto:electrical@cea-code.com)**





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PA L&I A191

Permit# \_\_\_\_\_

## APPLICATION & PERMIT FOR ELECTRICAL INSPECTION

*Applicant must complete required sections for issuance of certificate of compliance; no certificate will be issued on an incomplete application.*

Municipality \_\_\_\_\_  
 Address \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Owner Telephone \_\_\_\_\_  
 Utility Company \_\_\_\_\_  
 Directions \_\_\_\_\_

County, State \_\_\_\_\_  
 Lot # \_\_\_\_\_ Development \_\_\_\_\_  
 Occupant \_\_\_\_\_  
 Use of Structure \_\_\_\_\_  
 Pole/Trans# \_\_\_\_\_ Meter# \_\_\_\_\_

**Type of Inspection:** Service Entrance Rough Final Temp. Service Survey Other \_\_\_\_\_

	Qty.		Qty.		Qty.
Service Equip. Amp		Receptacles		Oven KW/Amp	
Service Equip. Amp		Switches		Range KW/Amp	
Service Equip. Amp		Fixtures		Cooktop KW/Amp	
No. of Meters		Ceiling Fans		Dryer KW/Amp	
Sub Panels Amp		Air Cond. Hp/Amp		Pump Hp/Amp	
Sub Panels Amp		Dishwasher Hp/Amp		Whirlpool/Spa	
Sub Panels Amp		Disposal Hp/Amp		Hot Tub	
Sub Panels Amp		Hood/Vent Fans		240 Volt Receptacle	

**Type of Work:** New Rewire Emergency

	Qty.										Qty.				
Heat Pump															
Water Heater KW/Amp															
Feeders															
Feeders															
Transformers KVA															
Transformers KVA															
Transformers KVA															
Smoke Alarms															
Motors: Qty	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2			
Motors: Qty	3	5	7 1/2	10	15	10	15	20	25	30	40	50	75	100	
Electric Heat: Qty	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000				

### INVOICE for ELECTRICAL SERVICES – PAYABLE to CEA.

Applicant \_\_\_\_\_ Address \_\_\_\_\_  
 Business Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Applicants Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Fee Due at time of Application\$ \_\_\_\_\_

**No Inspection will be Finalized until payment is made.**

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_