

UPPER SALFORD TOWNSHIP

ELECTRICAL PERMIT APPLICATION

Permit No. _____

*An electrical plan must be submitted with application, including smoke dectector locations when applicable.

Township: _____

Contractor: _____

Owner: _____

Phone: _____

Phone: _____

Cell: _____

Address: _____

Address: _____

Site Address: _____

Use: Residential Commercial Industrial Other _____

Type of Installation: New Alteration Repair Other: _____

Service: Overhead Underground Job #: _____

Amperage: _____ Phase: _____

Describe scope of work: _____

Estimated Cost of Project: _____

Signature of Applicant

Date

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

A minimum of forty-eight (48) hours notice is required for inspections.

Work must begin within six (6) months of permit issuance or the permit shall become invalid.

TECHNICON ENTERPRISES INC., II USE ONLY

Issued by: _____

Issuance Date: _____

Inspected & Approved by Inspector: _____
Signature

Date: _____