

Opt-Out Communities

APPLICATION FOR ELECTRICAL PERMIT

ELECTRICIAN

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Pa Contractor License # _____

PROPERTY OWNER

PIN# _____
Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Job Address: _____
Tenant: _____
Bldg: _____

Has a building permit been issued for this project? Y N If Yes, Building Permit # _____

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

Rough Wiring: _____	Lights: _____	Electric Signs: _____
_____	Switches: _____	Reintroduction of Power: _____
Fire Alarm Devices: _____	Recep: _____	Signaling Systems: _____
Swimming Pool: _____	_____	Transformers: _____
Above Ground: _____	Backup Generator: _____	Feeders & Sub Panels: _____
In Ground: _____	Fuel Type: _____	Service & Meter Eq: _____
Temporary Service: _____	_____	AMPS: _____
Solar: _____	_____	_____

Cost of Electrical Improvement: _____

Electrician Printed Name

Property Owner Name of Agent or Owner

Signature

Signature

TO SCHEDULE AN INSPECTION, VISIT
SFMCONSULTINGLLC.ORG/SCHEDULE-AN-INSPECTION

OFFICE USE ONLY

DATE ISSUED _____

PERMIT # _____

PAID _____

APPROVED BY _____