

# Ross Township

P.O. Box 276  
Saylorsburg, PA 18353  
570-992-4990

## 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](http://SFMCONSULTINGLLC.ORG/SCHEDULE-AN-INSPECTION)

### OFFICE USE ONLY

DATE ISSUED \_\_\_\_\_

PERMIT # \_\_\_\_\_

PAID \_\_\_\_\_

APPROVED BY \_\_\_\_\_