



# FORKS TOWNSHIP

1606 Sullivan Trail  
Easton, PA 18040-8398  
610-252-0785  
www.forkstownship.org

## 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: \_\_\_\_\_ Backup Generator: \_\_\_\_\_ Transformers: \_\_\_\_\_  
Above Ground: \_\_\_\_\_ Fuel Type: \_\_\_\_\_ Feeders & Sub Panels: \_\_\_\_\_  
In Ground: \_\_\_\_\_ 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 \_\_\_\_\_