

ASSOCIATED APPLICATIONS

____ Permit # _____
 ____ Permit # _____
 ____ Permit # _____
 ____ Permit # _____
 ____ Permit # _____

BOROUGH OF MACUNGIE

21 Locust Street
 Macungie, PA 18062
 610-966-2503

ELECTRICAL PERMIT

Permit #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY **DATE RECEIVED:** _____

PROPERTY ADDRESS: _____ **APPLICATION DATE:** _____

APPLICANT NAME: _____ **PHONE:** (____) _____

APPLICANT ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

APPLICANT NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ **PHONE:** (____) _____

CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PROPERTY OWNER NAME: _____ **PHONE:** (____) _____

OWNER ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

ELECTRICAL INFORMATION

APPLICATION FOR: <input type="checkbox"/> COMPLETE <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> POOL <input type="checkbox"/> BONDING	TYPE OF WORK: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION	SERVICE INFORMATION: <input type="checkbox"/> New <input type="checkbox"/> Repair Size of Service: _____ amp Number of Meters: _____ Subpanels: _____	TO USE EXISTING WIRING? <input type="checkbox"/> Yes <input type="checkbox"/> No	PPL # _____ SERVICE AIC # _____ <input type="checkbox"/> Overhead <input type="checkbox"/> Underground
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LIST ALL EQUIPMENT

NUMBER OF ROUGH WIRING OUTLETS	NUMBER	TYPE OF DEVICE	SIZE	NUMBER	TYPE OF DEVICE	SIZE													
Receptacles		Heat Pump																	
Lighting																			
Switches																			
Electric Heat																			
MOTORS <small>Mark Number of Each Size</small>	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100

ADDITIONAL EQUIPMENT:

DESCRIPTION OF PROPOSED WORK: _____ **COST OF PROPOSED WORK: \$** _____

APPROVAL: _____ REVIEWER: _____ DATE: _____ <input type="checkbox"/> ELECTRICAL _____ APPROVED INSPECTIONS: <input type="checkbox"/> SERVICE _____ <input type="checkbox"/> ROUGH _____ <input type="checkbox"/> FINAL _____	FEES: <input type="checkbox"/> Electrical: \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">TOTAL \$ _____</p>	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM APPLICANT NOTIFICATION <input type="checkbox"/> Applicant Called _____ Check # _____ Amount \$ _____
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APPROVAL CONDITIONS:

PERMIT ISSUED BY: _____ **TITLE:** _____ **DATE:** _____

Three (3) sets of electrical plans are required.