

**ASSOCIATED APPLICATIONS**

Permit # \_\_\_\_\_  
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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

**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 Mark Number of Each Size	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	FEEs:	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM <b>APPLICANT NOTIFICATION</b> <input type="checkbox"/> Applicant Called _____ Check # _____ Amount \$ _____
<input type="checkbox"/> ELECTRICAL _____ APPROVED INSPECTIONS: <input type="checkbox"/> SERVICE _____ <input type="checkbox"/> ROUGH _____ <input type="checkbox"/> FINAL _____	<input type="checkbox"/> Electrical: \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <b>TOTAL \$ _____</b>	

APPROVAL CONDITIONS: \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Three (3) sets of electrical plans are required.

