BOROUGH OF PARKESBURG

315 West First Avenue, Building 1, Parkesburg, PA 19365
(610) 857-2616

APPLICATION FOR ELECTRICAL PERMIT

Owner: _____
Name Address Phone No.

Location Address: _____

Tax Parcel No: _____ New Building _____ Existing Building _____

Use of Property: _____

Installer: _____
Name Address License No. Phone No.

Inspecting Agency for Inspection _____

☐ 1 Fam ☐ mily ☐ 3 Family ☐ Apartment Bldg. ☐ Public Bldg. Busin

☐ Altera ☐ epair Replacement

☐ New Construc ☐ Air Con ing ☐ Oil Burning ☐ Gas Burning ☐ Electric Heat

Description of Electrical Work and Size of Service: _____

_____

_____

_____

_____

_____

NOTE: ALL ELECTRICAL WORK SHALL CONFORM WITH ALL APPLICABLE ORDINANCES
FINAL ELECTRICAL INSPECTION CERTIFICATE REQUIRED

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

_____ _____
Owner's Signature Applicant's Signature

Approved by: _____ **Date:** _____

Permit No: _____ **Fee:** _____

John P. Coldiron, C.B.O., Building/Zoning Officer
Phone: 610-587-9950 Fax: 610-932-4643