



Borough of Parkesburg
 315 West First Avenue, Building 1, Parkesburg, PA 19365
 Telephone : 610-857-2616 Fax: 610-857-1102

APPLICATION FOR ELECTRICAL PERMIT

Owner/Applicant : _____
Name Address Phone

Location Address : _____

Tax Parcel No. _____ New Building : _____ Existing Building : _____

Use of Property : _____

Installer : _____
Name Address License No. Phone

Inspecting Agency : _____

_____ 1 Family _____ 2 Family _____ 3 Family _____ Apartment Building

_____ Alteration _____ Repair _____ Replacement _____ New Construction

_____ Air Conditioning _____ 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 CERTIFICATION 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 : _____

Matt Spellman, Building Inspector
 Telephone: 610-857-2616 Fax:610-857-1102