

SERVICES

TOTAL SERVICE AMP _____			NUMBER OF SERVICE OUTLETS TO BE INSTALLED _____		
			110 V	220 V	
NO. OF CIRCUITS TO BE INSTALLED					
2 WIRE		3 WIRE		4 WIRE	
ROOMS	QTY	OUTLET TYPE	ROOMS	QTY	OUTLET TYPE
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

HVAC SYSTEM ELECTRICAL YES

IDENTIFICATION - To be completed by all applicants

Property Owner or Lessee	Name _____	Mailing Address _____	
	Phone No. _____		

Contractor	Name _____	Mailing Address _____	PA License No. _____
	Phone No. _____		

Architect or Engineer	Name _____	Mailing Address _____	
	Phone No. _____		

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant _____	Application Date _____
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VALIDATION

PERMIT ISSUED _____ 20____

PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

CHECK NO. _____

CASH \$ _____

DATE _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved by: _____

Title: _____