

ELECTRICAL PERMIT

No. \_\_\_\_\_

Township: Caernarvon Township Contractor: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Site Address: \_\_\_\_\_

Use (circle): Residential Commercial Industrial Other \_\_\_\_\_

Type of Installation (circle): New Alteration Repair Other \_\_\_\_\_

Service (circle): Overhead Underground Job #: \_\_\_\_\_

Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_

Describe scope of work: \_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Electrical Inspector: Technicon Enterprises Inc., II  
200 Bethlehem Drive; Suite 201  
Morgantown, PA 19543  
Phone: 610-286-1622 Fax: 610-286-1679

A minimum of twenty four (24) hours notice is required for inspections.

Work must begin within (6) months of permit issuance or the permit shall become invalid.

**TECHNICON ENTERPRISES INC., II USE ONLY**

Plan Review: \_\_\_\_\_ Permit: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Method of Payment: check cash

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

Electrical Inspections Required:

Service

Rough wire

Final