BOROUGH OF PARKESBURG

315 W. 1st Avenue, Building 1, Parkesburg, PA 19365
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 ☐ Public Building/Business

☐ 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 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:_____

Neil D. Vaughn, B.C.O
ARRO Consulting, Building Inspector
610-857-2616 – Fax 610-857-1102