



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 : _____