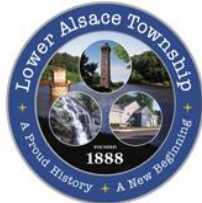


Lower Alsace Township

1200 Carsonia Avenue
Reading PA 19606
Phone (610) 779-6400
Fax (610) 370-0797



Code Enforcement Department

Permit No. _____

Application For Electrical Permit

10/27/2017

PART A: To Be Completed By Owner/Applicant

Name Of Owner:	Address:
Phone No:	
Name Of Contractor:	Address:
Phone No:	

Property Location: _____

Tax PIN: _____ Zoning District: _____

APPLICATION Is Hereby Made For The Following:

Use: Residential Commercial Industrial Other

Type of Installation: New Alteration Repair Other

Service: Overhead Underground Job # _____

Amperage: _____ Phase _____

Describe scope of work: _____

Estimated Cost of project: _____

STATEMENT BY APPLICANT, OWNER and/or OWNER'S AGENT:

I hereby certify that I am the OWNER or the AGENT of the OWNER, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Lower Alsace Township Ordinances and Regulations. I/we are also aware that a USE & OCCUPANCY PERMIT, issued by Lower Alsace Township shall be required prior to use or occupancy of the building or structure.

Signature of Applicant: _____ Date: _____

Signature of Property Owner/Agent: _____ Date: _____

Plan Review: \$ _____	
Service Inspection \$ _____	
Rough Inspection: \$ _____	Paid by: _____
Final Inspection: \$ _____	Check No. _____
Re-inspection: \$ _____	Date Paid: _____
State UCC Charge: \$ <u>\$4.50</u>	Total Paid: _____
TOTAL DUE: \$ _____	

Approval/Denial:

Application Approved * Permit Expiration Date: _____

Application Denied

Reason(s) for Denial: _____

Code Inspector's Signature: _____ Date: _____

* The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Zoning Officer does not relieve the Owner/Applicant from complying with these restrictions.