

MAXATAWNY TOWNSHIP
 127 QUARRY ROAD, SUITE 1
 KUTZTOWN, PA 19530

PHONE: 610-683-6518
 FAX: 610-683-3518

APPLICATION FOR ELECTRICAL PERMIT

LOCATION OF PROPOSAL _____ PARCEL #: _____

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
OWNER: _____	_____	_____
EMAIL: _____	_____	
CONTRACTOR: _____	_____	_____

APPLICANT: _____	_____	_____
EMAIL: _____	_____	

IMPROVEMENT INFORMATION

Location: _____ Cost of Improvement: _____

Utility Work Order#: _____

Type of Work: ___ New Construction ___ Addition ___ Alteration/Replacement ___ Pool
Service Feeder/Distribution Panel: ___ New ___ Existing Size: ___ Amps

Brief Description of Work: _____

EQUIPMENT IDENTIFICATION

Type	#	Type	#	Type	#
Ceiling Outlets _____		Ranges _____		Meters _____	
Switches _____		Water Heater _____		Subpanels _____	
Plug Receptacles _____		Heaters _____		Generators _____	
Heat/Smoke Detectors _____		Air Conditioners _____		Motors _____	

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued base on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE DO NOT WRITE IN THIS BOX – OFFICE USE

APPLICATION FEE: _____

CHECK#/CASH _____

DATE: _____

RECEIVED BY: _____