

FORKS TOWNSHIP

ELECTRICAL PERMIT APPLICATION

Applicant Print Name: _____

Applicant Signature: _____ Phone: _____

Address: _____ City: _____, PA. Zip _____

PERMIT #- _____

PROPERTY LOCATION:

ADDRESS _____

OCCUPANT _____

USE _____

POWER CO. JOB # _____

AMPERE SERVICE _____

SUB PANELS _____

DESCRIPTION OF INSPECTION _____

If a reinspection is required, an additional fee will be charged and must be paid to the inspector at the scheduled inspection.

Indicate Number of each

Receptacles		
Switches		
Lights		
Ex. Fans		
GFI		
Paddle Fans		
Smoke Det.		
Range		
Disposal		
Hood		
Dishwasher		
Water Htr.		
Well Pump		
IG Pool		
Spa		
TOTALS		

FEE : _____

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