

**ELECTRICAL INSPECTION AND PERMIT APPLICATION
TOWNSHIP OF MIDDLETOWN
LANGHORNE, PENNSYLVANIA
COUNTY OF BUCKS**

FEDERAL TAX ID# EIN _____

*Required for all Non-Residential Permits

TAX MAP NO. 22 _____

PERMIT # _____

ADDRESS OF CONSTRUCTION SITE _____

| | |
|---------------|----------------------------------|
| Tenant | NAME _____ |
| | STREET _____ |
| | CITY _____ STATE _____ ZIP _____ |
| | DAYTIME PHONE # _____ |
| | EMAIL _____ |

| | |
|-----------------------|----------------------------------|
| Property Owner | NAME _____ |
| | STREET _____ |
| | CITY _____ STATE _____ ZIP _____ |
| | DAYTIME PHONE # _____ |
| | EMAIL _____ |

| | |
|-------------------|----------------------------------|
| Contractor | NAME _____ |
| | STREET _____ |
| | CITY _____ STATE _____ ZIP _____ |
| | DAYTIME PHONE # _____ |
| | EMAIL _____ |
| | PA REGISTRATION # _____ |

ROUGH

FINAL

| NO. | ITEM | FEE | NO. | ITEM | FEE | FEE | |
|-----|-------------------------|-----|-----|---|------------------|------------------------------|----|
| | Switching Outlets | \$ | | H.V.A.C. Equipment | \$ | Column One | \$ |
| | Lighting Outlets | | | Switching Devices | | Column Two | \$ |
| | Receptacle Outlets | | | Transformers | | Electrical Permit Fee | \$ |
| | Range/Oven | | | Motors/Generators/Compressors (State No. and Size of Each) | | State | \$ |
| | Dryer, Electric | | | | Total Fee | \$ | \$ |
| | Water Heater, Electric | | | Garbage Disposal | | | |
| | Heating, Electric | | | Dishwasher | | | |
| | Switches | | | Exhaust Fans | | | |
| | Lighting Fixtures | | | Phone | | | |
| | Receptacles | | | Computer | | | |
| | Bonding, Pool/Vault | | | Other | | | |
| | Services | | | Other | | | |
| | Total Column One | \$ | | Total Column Two | \$ | | |

USE GROUP: _____ Present _____ Proposed _____
Service: _____ Amps _____ Phase _____ System Type _____
 _____ Wire _____ Volts _____ Wiring Method _____
Total No. of Meters: _____

LIST ALL WRITING AND EQUIPMENT AND PROVIDE NECESSARY DATA.
TOTAL COST OF ELECTRICAL WORK: _____

TYPE OF WORK: _____

 THE ABOVE APPLICATION HAS BEEN APPROVED
 By Electrical Inspector _____

OWNER OR APPLICANT **DATE**

DATE