CAERNARVON TOWNSHIP
ELECTRICAL PERMIT No. _____

Owner: _____ Contractor: _____

Phone: _____ Address: _____

Address: _____ Phone: _____

_____ Cell: _____

Site Address: _____

Use (circle): Residential Commercial Industrial Other _____

Type of Installation (circle): New Alteration Repair Other _____

Service (circle): Overhead Underground Job #: _____

Amperage: _____ Phase: _____

Describe scope of work: _____

_____

Estimated Cost of Project: _____

_____ _____

Signature of Applicant Date

Electrical Inspector: Technicon Enterprises Inc., II
200 Bethlehem Drive, Suite 201
Morgantown, PA 19543
Phone: 610-286-1622 Fax: 610-286-1679

All commercial permits must have drawings stamped and sealed by a licensed architect or professional engineer.

A minimum of twenty four (24) hours notice is required for inspections.

Work must begin within (6) months of permit issuance or the permit shall become invalid.

TECHNICON ENTERPRISES INC., II USE ONLY

Plan Review: _____ Permit: _____ Total Fee: _____

Method of Payment: check cash Collected by: _____

Issued by: _____ Date: _____

Electrical Inspections Required:
Service ☐ Rough wire ☐ Final ☐ _____