



CODE ENFORCEMENT OFFICE  
 MIDDLE SMITHFIELD TOWNSHIP  
 147 MUNICIPAL DRIVE  
 EAST STROUDSBURG, PA 18302  
 570-223-8920

**APPLICATION FOR ELECTRICAL PERMIT**

**ELECTRICIAN**

**PROPERTY OWNER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Pa Contractor License # \_\_\_\_\_  
 \_\_\_\_\_

PIN# \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Job Address: \_\_\_\_\_

Tenant: \_\_\_\_\_

Bldg: \_\_\_\_\_

Has a building permit been issued for this project? Y N If Yes, Building Permit # \_\_\_\_\_

Describe scope of work being performed for which a permit is requested:

Rough Wiring: _____	Lights: _____	Electric Signs: _____
_____	Switches: _____	Reintroduction of Power: _____
Fire Alarm Devices: _____	Recep: _____	Signaling Systems: _____
Swimming Pool: _____	_____	Transformers: _____
Above Ground: _____	Backup Generator: _____	Feeders & Sub Panels: _____
In Ground: _____	Fuel Type: _____	Service & Meter Eq: _____
Temporary Service: _____	_____	AMPS: _____
Solar: _____	_____	_____

Cost of Electrical Improvement: \_\_\_\_\_

\_\_\_\_\_  
 Electrician Printed Name

\_\_\_\_\_  
 Property Owner Name of Agent or Owner

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

**YOU MUST CALL INSPECTION AGENCY TO SET UP AN ELECTRICAL INSPECTION**

**DAVE MANTER**

**570-350-9171 Phone 877-424-8079 Fax**

[dwmanter@ptd.net](mailto:dwmanter@ptd.net)

**OFFICE USE ONLY**

DATE ISSUED \_\_\_\_\_

PERMIT # \_\_\_\_\_

PAID \_\_\_\_\_

APPROVED BY \_\_\_\_\_