



# CODE ENFORCEMENT AGENCY

1633 Route 51, Suite 100, Jefferson Hills, PA 15025

1-866-410-4952

[www.cea-code.com](http://www.cea-code.com)

## COMMERCIAL ELECTRICAL APPLICATION

Date: \_\_\_\_\_ Jurisdiction of Work: \_\_\_\_\_

Applicant Name on Permit: \_\_\_\_\_

Permit Address: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Contactor Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Workers Compensation Carrier: \_\_\_\_\_  
(If applicable)

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Architect or Engineers' Name: \_\_\_\_\_

Description of Work to be Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Service / Existing Service Name of Power Company: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

**INVOICE for Electrical Permit & Inspections – Payable to CEA Code Enforcement**

Bill to: \_\_\_\_\_ Bill to Address: \_\_\_\_\_

Or Email Address: \_\_\_\_\_

**ELECTRICAL PERMIT WILL BE ISSUED UPON RECEIPT OF PAYMENT**





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PA L&I A191

Permit# \_\_\_\_\_

## APPLICATION & PERMIT FOR ELECTRICAL INSPECTION

*Applicant must complete required sections for issuance of certificate of compliance; no certificate will be issued on an incomplete application.*

Municipality \_\_\_\_\_

County, State \_\_\_\_\_

Address \_\_\_\_\_

Lot # \_\_\_\_\_ Development \_\_\_\_\_

Owner \_\_\_\_\_

Occupant \_\_\_\_\_

Owner Telephone \_\_\_\_\_

Use of Structure \_\_\_\_\_

Utility Company \_\_\_\_\_

Pole/Trans# \_\_\_\_\_ Meter# \_\_\_\_\_

Directions \_\_\_\_\_

**Type of Inspection:** Service Entrance Rough Final Temp. Service Survey Other \_\_\_\_\_

	Qty.		Qty.		Qty.
Service Equip. Amp		Receptacles		Oven KW/Amp	
Service Equip. Amp		Switches		Range KW/Amp	
Service Equip. Amp		Fixtures		Cooktop KW/Amp	
No. of Meters		Ceiling Fans		Dryer KW/Amp	
Sub Panels Amp		Air Cond. Hp/Amp		Pump Hp/Amp	
Sub Panels Amp		Dishwasher Hp/Amp		Whirlpool/Spa	
Sub Panels Amp		Disposal Hp/Amp		Hot Tub	
Sub Panels Amp		Hood/Vent Fans		240 Volt Receptacle	

**Type of Work:** New Rewire Emergency

	Qty.				Qty.									
Heat Pump					Disconnects Amp									
Water Heater KW/Amp					Disconnects Amp									
Feeders					Disconnects Amp									
Feeders					Emer./Exit Units									
Transformers KVA					Other Equip.									
Transformers KVA														
Transformers KVA														
Smoke Alarms														
Motors: Qty	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2		
Motors: Qty	3	5	7 1/2	10	15	10	15	20	25	30	40	50	75	100
Electric Heat: Qty	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000			

## INVOICE for ELECTRICAL SERVICES – PAYABLE to CEA.

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Fee Due at time of Application\$ \_\_\_\_\_

**No Inspection will be Finalized until payment is made.**

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_