BOROUGH OF LEHIGHTON

****OFFICE USE ONLY****

Date Received: _____
Date Approved: _____
Date Inspected: _____
Date Connected: _____

APPLICATION FOR ELECTRIC SERVICE

I. Type of Service Requested

☐ **Residential** ☐ **Commercial** ☐ **Industrial**

☐ Permanent ☐ Temporary ☐ New ☐ Replacement

☐ Aerial ☐ Underground ☐ Single Phase ☐ Three Phase

Volts: _____ Amps: _____ No. of Meters: _____

II. Contact Information

Property Owner: **Email:**

Mailing Address: City: State: Zip:

Phone: Phone Fax:

Interest of Applicant: □Owner☐□Equitable Owner □Owner (please explain):

(If different that Owner)
Developer/Applicant: **Email:**

Mailing Address: City: State: Zip:

Home Phone: Phone: Fax:

Prospective Customer: **Email:**

Mailing Address: City: State: Zip:

Phone: Phone: Fax:

(Company Name)
Electrical Contractor: PA License:

Person in Charge of Work: Email:

Mailing Address: City: State: Zip

Phone: Phone: Fax:

III. APPLIANCES TO BE CONNECTED TO SERVICE

☐ Electric Range ☐ Electric Water Heater ☐ Air Conditioning ☐ Heat Pump ☐ Resistance Heat

IV. CONNECTED LOAD

Lighting KW _____ Appliances KW _____ Water Heater KW _____

Electric Heater KW _____ Largest Size Motor _____HP

Other Loads: _____ Total KW _____

V. ELECTRICAL INSPECTOR		
Name:		
Address:		
Phone:	Phone:	Fax:
Email:		

VI. REMARKS

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER

SEND COMPLETED APPLICATION TO:	CONTACT INFORMATION:
Lehighton Borough P. O. Box 29 Lehighton, PA 18235	**Phone: 610-377-4005** Cell: 570-778-8466 Fax: 610-377-2129 Email: lehpower@ptd.net

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Date of Acceptance as Completed Submittal: _____ Fee: _____ Check No. _____

☐ Delivered to Light & Power Superintendent Date: _____ Review Received: _____

Light & Power Superintendent's Signature: _____ Date: _____