



CODE ENFORCEMENT AGENCY
1633 Route 51, Suite 100, Jefferson Hills, PA 15025
1-866-410-4952 www.cea-code.com

Commercial Electrical Permit Application

Date: _____ Jurisdiction of Work: _____

Name on Permit: _____
(Name of Customer or Applicant)

Address: _____

Name of Electrical Contractor: _____

Address: _____

Telephone # _____ Primary Contact Name: _____

License # _____ Workman's Comp Carrier: _____
(If Applicable)

Architect or Engineer's Name: _____

Description of Electrical Application: _____

NEW SERVICE / EXISTING SERVICE Name of Power Company: _____

Start Date: _____ Expected Finish Date: _____
(CEA INTERNAL)

Date Received: _____ Date of Review / Approval: _____

Permit Issued # _____ Fee on Permit Requested: _____