



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 than 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: _____