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DEPARTMENT OF CODES & INSPECTIONS

**ELECTRICIAN APPLICATION FOR PERMIT TO CONDUCT ONE-TIME JOB IN
CITY OF ALTOONA**

COMPANY NAME _____
COMPANY ADDRESS _____
COMPANY PHONE _____ COMPANY FAX _____

OWNER NAME _____
OWNER ADDRESS _____
OWNER PHONE _____

INSURANCE COMPANY NAME _____
INSURANCE AGENT NAME _____ PHONE NUMBER _____
LIABILITY POLICY NO. _____ EXP. DATE _____
WORKER'S COMP POLICY NO. _____ EXP. DATE _____

TOTAL NUMBER OF ELECTRICIANS EMPLOYED IN COMPANY _____
NUMBER OF MASTER ELECTRICIANS _____
NUMBER OF JOURNEYMAN ELECTRICIANS _____
NUMBER OF APPRENTICE ELECTRICIANS _____

PLEASE GIVE JOB NAME, JOB ADDRESS AND A BRIEF DESCRIPTION OF WORK TO BE CONDUCTED:

SUBMIT COPIES OF ALL ELECTRICIAN LICENSES, CERTIFICATES, AND INSURANCE INFORMATION

Signature

Date

(USE BACK OF SHEET IF NECESSARY)