

**Borough of Bridgeport**  
**63 West Fourth Street, Bridgeport, PA 19405**  
**Phone 610-272-1811 Fax 610-292-8236**

**Electrical Permit Application**

**Incomplete applications will be returned.**

**Location**

**Address** \_\_\_\_\_

**Property Owner**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P.O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Contractor**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P. O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Applicant**

**Name** \_\_\_\_\_ **Relationship to Owner** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Proposed Work**

Applicant must provide additional documentation including, but not limited to two sets of:  
A plot plan, sketches, sealed architectural plans, specifications, truss drawings, etc. as required.  
Signed contract between homeowner and contractor must be provided.

Indicate Proposes work \_\_\_\_\_

**Residential Flat Rate: \$44.50** **Commercial Flat Rate: \$54.50**  
**FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT )**

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Highlighted areas required.**

**Building Inspector** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Independent Third Party Electrical Inspection Required\***