



and Associates



Civil • Municipal • Environmental • Engineering and Surveying

ELECTRICAL SERVICE APPLICATION

Date: _____ Municipality: _____

Permit #: _____

Name: _____

Billing Address: _____

Location of Inspection: _____

Phone #: _____ Fax #: _____

Email: _____

Inspection Requested By: _____ Owner ___ Renter ___

Inspection Requested For: New Service ___ Upgrade ___ Temporary ___ Permanent ___

Name of Electrician: _____

Work Order #: _____

Date: _____

Signature: _____

**The fee is determined by the time required for the inspection.
Please issue a check made payable to HMT & Associates, Inc.
BE SURE TO CALL THE INSPECTOR WHEN YOU ARE READY FOR THE
INSPECTION...724-350-2708.**