



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:

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

Multiple empty horizontal lines for entering remarks.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER

SEND COMPLETED APPLICATION TO:

CONTACT INFORMATION:

**Lonny Armbruster, Superintendent**  
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: \_\_\_\_\_