

fax

Subject: PPL Electric Utilities Cut In Card

Date: _____

To: PPL Electric Utilities

From: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

PPL Electric Utilities Cut In Card



Date of Inspection*: _____

PPL Work Request Number*: _____ PPL Electric Utilities

Owner: _____

Occupant: _____

Address*: _____

Meter Number: _____

Phase*: _____

Voltage*: _____ Volts

Service Entrance Size (Amps)*: _____ Amps

Overhead/Underground*: _____

Pole or Transformer No: _____

*Required

(Fold Here)

Distributed Generation Inverter IEEE1547/UL1741 Listed:

Yes: **No:** (For Generator Capacity Up to and Including 20% Bus Bar Rating Installation - For Record Purposes Only; For Generator Capacity Over 20% Bus Bar Rating - Electrical Inspection Required)

Electrical Contractors Name*: _____

Electrical Contractor Phone Number*: _____

Additional Information*: _____

The (Name of Agency) _____ has authorized me to certify that competent persons have installed all electric wiring and apparatus at the subject premises, and that the said wiring and apparatus comply with the requirements of the National Electrical Code and of all authorities having jurisdiction and is deemed safe for introduction of current.

Date*: _____

Inspector Name (Please Print)*: _____

Inspection Agency Address*: _____

Inspection No*: _____

Signature*: _____

*Required