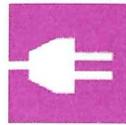




# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		Date of Grounding and Bonding Certification	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

\_\_\_\_\_  
Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor  Certif'd Landscape Irrigation Contr'r  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors—Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		_____
_____		TOTAL NUMBERS
_____		Pool Permit/with UW Lights
_____		Storable Pool/Spa/Hot Tub
_____		KW Elec. Range/Receptacle
_____		KW Oven/Surface Unit
_____		KW Elec. Water Heater
_____		KW Elec. Dryer/Receptacle
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central A/C Unit
_____		HP/KW Space Heater/Air Handler
_____		KW Baseboard Heat
_____		HP Motors 1/+ HP
_____		KW Transformer/Generator
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Center
_____		KW Elec. Sign/Outline Light
_____		_____
_____		_____

FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>