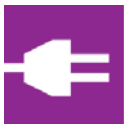




# ELECTRICAL SUBCODE TECHNICAL SECTION



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 \_\_\_\_\_

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
[ ] No Plans Required					
[ ] Partial Under slab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
[ ] Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
Joint Plan Review Required		Const. Serv.			
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: _____		Service			
Approved by: _____		Final			
		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[ ] CO [ ] ECO [ ] 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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		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	
_____		_____	

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____