



MUST RETURN 4 COPIES
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received _____
 Control # _____
 Date Issued _____
 Permit # _____

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 \$ _____

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	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
				Failure	Failure	Approval	Initial
Plans Required			Type:				
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Barrier-Free				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Trench				
<input type="checkbox"/> Elec. Plans Approved			Temp. Serv.				
Date: _____			Constr. Serv.				
Approved by: _____			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			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 Cont'r Exempt Applicant

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