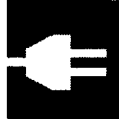




**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



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 \_\_\_\_\_  
Address \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
Contractor License No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ \_\_\_\_\_

**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

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____	_____
_____	_____	<b>TOTAL NUMBERS</b>
_____	_____	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)

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough	_____	_____	_____	_____
[ ] Building [ ] Plumbing			Barrier-Free	_____	_____	_____	_____
[ ] Fire [ ] Elevator			Trench	_____	_____	_____	_____
[ ] Elec. Plans Approved			Temp. Serv.	_____	_____	_____	_____
Date: _____			Constr. Serv.	_____	_____	_____	_____
Approved by: _____			TCO	_____	_____	_____	_____
			Other	_____	_____	_____	_____
			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>			Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA			Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____			Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____			Date of Grounding and Bonding Certification	_____	_____	_____	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**