



ELECTRICAL SUBCODE TECHNICAL SECTION



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: _____ e-mail _____
Tel: _____

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)

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

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

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 Contr' 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	0			\$ _____
Pool Permits/In-Wall 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 \$	_____