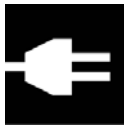




ELECTRICAL SUBCODE TECHNICAL SECTION



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 |
| [] No Plans Required | | Rough | _____ | _____ | _____ | _____ |
| [] Partial -Underslab Utilities Approved | | Barrier-Free | _____ | _____ | _____ | _____ |
| Date: _____ Approved by: _____ | | Trench | _____ | _____ | _____ | _____ |
| [] Electric Plans Approved | | Temp. Serv. | _____ | _____ | _____ | _____ |
| Date: _____ Approved by: _____ | | Constr. Serv. | _____ | _____ | _____ | _____ |
| Joint Plan Review Required: | | TCO | _____ | _____ | _____ | _____ |
| [] Bldg. [] Plumb. [] Fire. [] Elev. | | Other | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for PERMIT | | Service | _____ | _____ | _____ | _____ |
| Date: _____ | | Final | _____ | _____ | _____ | _____ |
| Approved by: _____ | | Barrier-Free | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for CERTIFICATE | | 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 | _____ | _____ | _____ | _____ |

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 | \$ _____ |