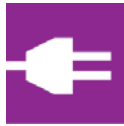




# ELECTRICAL SUBCODE TECHNICAL SECTION



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)  |   |                   |         |          |         |
|--|---|-------------------|---------|----------|---------|
| PLAN REVIEW  | INSPECTIONS                                 | Dates (Month/Day) |         |          |         |
| <input type="checkbox"/> No Plans Required   | Type:                                       | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> Partial -Underslab Utilities Approved   | Rough                                       | _____             | _____   | _____    | _____   |
| Date: _____ Approved by: _____   | Barrier-Free                                | _____             | _____   | _____    | _____   |
| <input type="checkbox"/> Electric Plans Approved   | Trench                                      | _____             | _____   | _____    | _____   |
| Date: _____ Approved by: _____   | Temp. Serv.                                 | _____             | _____   | _____    | _____   |
| Joint Plan Review Required:  | Constr. Serv.                               | _____             | _____   | _____    | _____   |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | TCO   | _____             | _____   | _____    | _____   |
| SUBCODE APPROVAL for PERMIT  | Other                                       | _____             | _____   | _____    | _____   |
| Date: _____  | Service                                     | _____             | _____   | _____    | _____   |
| Approved by: _____   | Final                                       | _____             | _____   | _____    | _____   |
| SUBCODE APPROVAL for CERTIFICATE   | Barrier-Free                                | _____             | _____   | _____    | _____   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   | Temp. Cut-in-Card Date Issued               | _____             | _____   | _____    | _____   |
| Date: _____  | Final Cut-in-Card Date Issued               | _____             | _____   | _____    | _____   |
| Approved by: _____   | Annual Pool Inspection                      | _____             | _____   | _____    | _____   |
|  | 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 | \$ _____        |
| <b>TOTAL FEE</b>           | <b>\$ _____</b> |