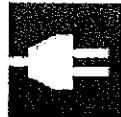




**ELECTRICAL SUBCODE
TECHNICAL SECTION**



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 |
| <input type="checkbox"/> No Plans Required | | Rough | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Partial -Understab Utilities Approved | | Barrier-Free | _____ | _____ | _____ | _____ |
| Date: _____ Approved by: _____ | | Trench | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Electric Plans Approved | | Temp. Serv. | _____ | _____ | _____ | _____ |
| Date: _____ Approved by: _____ | | Constr. Serv. | _____ | _____ | _____ | _____ |
| Joint Plan Review Required: | | TCO | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | | Other | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for PERMIT | | Service | _____ | _____ | _____ | _____ |
| Date: _____ 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: _____ Approved by: _____ | | Final Cut-In-Card Date Issued | _____ | _____ | _____ | _____ |
| Annual Pool Inspection | | Annual Pool Inspection | _____ | _____ | _____ | _____ |
| Date of Grounding and Bonding Certification | | 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 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 | \$ _____ |
| _____ | _____ | 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 \$ _____