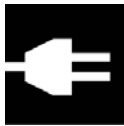




# ELECTRICAL SUBCODE TECHNICAL SECTION



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                                       |
| <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 _____                                       |
|                                                                                                                              | Barrier-Free _____                                |
| SUBCODE APPROVAL for CERTIFICATE                                                                                             | Temp. Cut-in-Card Date Issued _____               |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> 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 Electrical Contractor

☐ 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 \$ \_\_\_\_\_