ELECTRICAL SUBCODE
TECHNICAL SECTION
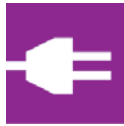
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____   Lot _____   Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

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 _____

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

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO   [ ] CCO   [ ] CA
Date: _____
Approved by: _____

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Rough	____	____	____	____
Barrier-Free	____	____	____	____
Trench	____	____	____	____
Temp. Serv.	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____	____	____
Final	____	____	____	____
Barrier-Free	____	____	____	____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 $ _____

TOTAL FEE $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies. All must be signed & sealed.