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

	Date	Initial
[ ] No Plans Required	_____	_____

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day) 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's Signature/Contractor's Seal and Signature

[ ] 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	$ _____