

ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____
Owner in Fee/Occupant _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____
Contractor _____
Address _____

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	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required				Rough				
Joint Plan Review Required:				Temp. Serv.				
<input type="checkbox"/> Building				Const. Serv.				
<input type="checkbox"/> Fire				TCO				
<input type="checkbox"/> Elec. Plans Approved				Other				
Date: _____				Service				
Approved by: _____				Final				
SUBCODE APPROVAL				Temp. Cut-in-Card				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				Final Cut-in-Card				
Date: _____				Date Issued				
Approved by: _____								

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 Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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 LW Lights _____
- Storable Pool/Spa/Hot Tub _____
- KW Elec. Range/Receptacle _____
- KW Over/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 1/4 HP _____
- HP Motors 1/2 HP _____
- KW Transformer/Generator _____
- AMP Service _____
- AMP Subpanels _____
- AMP Motor Control Center _____
- KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy