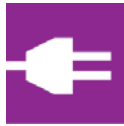




ELECTRICAL SUBCODE TECHNICAL SECTION



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 \$ _____

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	

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 Underlab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____	Approved by: _____	Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____	Approved by: _____	Genstr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCC	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card	Date Issued	_____	_____	_____
<input type="checkbox"/> TCC <input type="checkbox"/> ECO <input type="checkbox"/> CA		Final Cut-in-Card	Date Issued	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		Date of Grounding and Bonding	_____	_____	_____	_____
		Certification	_____	_____	_____	_____

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