

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. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____ Fax (____) _____
 Lic. No. _____
 Federal Emp. No. _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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 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 \$ _____
 Fee \$ _____
TOTAL FEE \$ _____

FEE (Office Use Only)