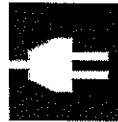




ELECTRICAL SUBCODE TECHNICAL SECTION



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 _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License 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 \$ _____

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 Contr Exempt Applicant

D. TECHNICAL SITE DATA

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