



ELECTRICAL SUBCODE TECHNICAL SECTION



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 _____

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:					
[] Building [] Plumbing	Rough				
[] Fire [] Elevator	Barrier-Free				
[] Elec. Plans Approved	Trench				
Date: _____	Temp. Serv.				
Approved by: _____	Const. Serv.				
	TCO				
	Other				
	Service				
	Final				
	Barrier-Free				
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	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.

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] 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 UV 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 1/4 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 \$ _____