



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: _____
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 _____
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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required	Type:	Rough	Barrier-Free	Failure	Approval	Initial
Date: _____	Approved by: _____	Trench	Temp. Serv.	_____	_____	_____
[] Electric Plans Approved	Constr. Serv.	_____	_____	_____	_____	_____
Date: _____	Approved by: _____	TCO	Other	_____	_____	_____
Joint Plan Review Required:	[] Bldg. [] Plumb. [] Fire. [] Elev.	Service	Final	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Barrier-Free	_____	_____	_____	_____	_____
Date: _____	Approved by: _____	Temp. Cut-in-Card Date Issued	Final Cut-in-Card Date Issued	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	[] CO [] CCO [] CA	Annual Pool Inspection	_____	_____	_____	_____
Date: _____	Approved by: _____	Date of Grounding and Bonding	_____	_____	_____	_____

U.C.C. F120 (rev. 11/09) Internet version
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

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 [] Certifd Landscape Irrigation Contr'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	

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