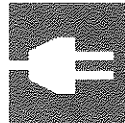




**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



**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 (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 \$ \_\_\_\_\_

**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)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough	_____	_____	_____	_____
[ ] Building [ ] Plumbing			Barrier-Free	_____	_____	_____	_____
[ ] Fire [ ] Elevator			Trench	_____	_____	_____	_____
[ ] Elec. Plans Approved			Temp. Serv.	_____	_____	_____	_____
Date: _____			Constr. Serv.	_____	_____	_____	_____
Approved by: _____			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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr' [ ] Exempt Applicant

Date Received  
Control #

Date Issued  
Permit #

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>