



ELECTRICAL SUBCODE TECHNICAL SECTION



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: _____

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 \$ _____

Print name here: _____
[] Licensed Electrical Contractor [] 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	\$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial -Underslab Utilities Approved
 Date: _____ Approved by: _____
 Electric Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 Bldg. [] Plumb. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CO [] CCO [] CA
 Date: _____
 Approved by: _____

INSPECTIONS
 Type: _____
 Rough _____
 Barrier-Free _____
 Trench _____
 Temp. Serv. _____
 Constr. Serv. _____
 TCO _____
 Other _____
 Service Final _____
 Barrier-Free _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____
 Annual Pool Inspection _____
 Date of Grounding and Bonding Certification _____

Dates (Month/Day)
 Failure _____ Approval _____
 Initial _____