



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 _____ Street _____ 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: \$ _____

JURISDICTIONARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DAYS (Mon./Day)
<input type="checkbox"/> No Plans Required	Type: _____ Failure _____ Approval _____ Initial _____	
<input type="checkbox"/> Partial - Underslab Utilities Approved	Rough _____	
Date: _____ Approved by: _____	Carrier-Free _____	
<input type="checkbox"/> Electric Plan Approved	Trench _____	
Date: _____ Approved by: _____	Temp. Serv. _____	
Joint Plan Review Required	Const. Serv. _____	
<input type="checkbox"/> Bldg. <input type="checkbox"/> Public <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	CO _____	
SUBCODE APPROVAL for PERMIT	Other _____	
Date: _____	Service _____	
Approved by: _____	Final _____	
SUBCODE APPROVAL for CERTIFICATE	Carrier-Free _____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in Card Date Issued _____	
Date: _____	Final Cut-in Card Date Issued _____	
Approved by: _____	Annual Pool Inspection _____	
	Date of Grounding and Bonding Certification _____	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (owner 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 Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	SIZE	ITEMS	FEES (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Frict. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices (Bell Panel)	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit with CM Lights	_____
_____	_____	Sanitary Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposals	_____
_____	_____	Kitchen Range Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors with H	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Electric Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

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