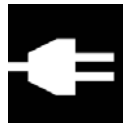




# ELECTRICAL SUBCODE TECHNICAL SECTION



Date  
Cont  
Date  
Perm

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

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Elec. Contractor  Certif'd Landscaper

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

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

Administrative  
M  
State Permit Su