



# 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 \$ \_\_\_\_\_

### JOBSUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Barrier-Free				
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Trench				
<input type="checkbox"/> Elec. Plans Approved			Temp. Serv.				
Date:			Constr. Serv.				
			TCO				
Approved by:			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL							
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA					
Date:			Temp. Cut-in-Card Date Issued				
Approved by:			Final Cut-in-Card Date Issued				
			Annual Pool Inspection				
			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  Certifd Landscape Irrigation Contr  Exempt Applicant

### D. TECHNICAL SITE DATA

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

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/w/it 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				
HP 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 \$ \_\_\_\_\_