



# 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 \_\_\_\_\_  
Address \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Fel (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
Contractor License No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

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

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

Applicant's Signature/Contractor's Seal and Signature  
 Licensed Elec. Contractor  Certifd Landscape Irrigation Contr  Exempt Applicant

### D. TECHNICAL SITE DATA

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 Handler \_\_\_\_\_
- KW Baseboard Heat \_\_\_\_\_
- HP Motors 1+ HP \_\_\_\_\_
- KW Transformer/Generator \_\_\_\_\_
- AMP Service \_\_\_\_\_
- AMP Subpanels \_\_\_\_\_
- AMP Motor Control Center \_\_\_\_\_
- KW Elec. Sign/Outline Light \_\_\_\_\_

FEE (Office Use Only)

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