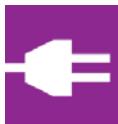




ELECTRICAL SUBCODE TECHNICAL SECTION



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 _____

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 \$ _____

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: Failure Failure Approval Initial

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 _____

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: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Cont'r 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 1/4 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 | \$ _____ |