ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

_____

Owner in Fee/Occupant _____

Address _____

_____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. 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)

[ ] No Plans Required   Type: Failure Failure Approval Initial

Joint Plan Review Required: Rough ___ ___ ___ ___

[ ] Building   [ ] Plumbing   Temp. Serv. ___ ___ ___ ___

[ ] Fire   [ ] Elevator   Constr. Serv. ___ ___ ___ ___

[ ] Elec. Plans Approved   TCO ___ ___ ___ ___

Date: _____   Other ___ ___ ___ ___

Approved by: _____   Service ___ ___ ___ ___

                                     Final ___ ___ ___ ___

SUBCODE APPROVAL   Temp. Cut-in-Card Date Issued _____

[ ] CO   [ ] CCO   [ ] CA   Final Cut-in-Card Date Issued _____

Date: _____

Approved by: _____

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 Electrical Contractor   [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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/+ HP	_____
____		KW Transformer/Generator	_____
____		AMP Service	_____
____		AMP Subpanels	_____
____		AMP Motor Control Center	_____
____		KW Elec. Sign/Outline Light	_____
____			_____
____			_____

Administrative Surcharge $ _____
Minimum Fee $ _____
Fee $ _____
TOTAL FEE $ _____