



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 _____

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

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 Over/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 _____

JOB SUMMARY (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"/>		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Plumbing	<input type="checkbox"/>		Trench	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/>		Temp. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Elevator	<input type="checkbox"/>		Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Elec. Plans Approved	<input type="checkbox"/>		TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL				Temp. Cut-In-Card Date Issued	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCC	<input type="checkbox"/> CA	Final Cut-In-Card Date Issued	_____	_____	_____	_____
Date: _____			Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____			Date of Grounding and Bonding Certification	_____	_____	_____	_____

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