



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

### 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. \_\_\_\_\_  
Estimated Cost of Electrical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		
	Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Rough			
<input type="checkbox"/> Partial-Underslab Utilities Approved	Barrier-Free			
Date: _____ Approved by: _____	Trench			
<input type="checkbox"/> Electric Plans Approved	Temp. Serv.			
Date: _____ Approved by: _____	Const. Serv.			
Joint Plan Review Required:	TCO			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Other			
<b>SUBCODE APPROVAL for PERMIT</b>	Service			
Date: _____	<b>Final</b>			
Approved by: _____	<b>Barrier-Free</b>			
<b>SUBCODE APPROVAL for CERTIFICATE</b>	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 I 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 Contr'r  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

\_\_\_\_\_

#### QTY./SIZE

- ITEMS
- Lighting Fixture
- 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. Rang./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)

UCC/F-120 (rev. 11/09)

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