



**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 _____
 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)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Temp. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Elec. Plans Approved			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____
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: _____							
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	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____