



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 (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary _____ [] Other _____

Building Occupied as _____ Utility Co. DR # _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Dates (Month/Day)	Initial
[] No Plans Required		Rough	_____	_____	_____	_____
[] Electric Plans Reviewed		Barrier- Free	_____	_____	_____	_____
Date: _____	Reviewed by: _____	Trench	_____	_____	_____	_____
Joint Plan Review Required:		Generator	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire [] Elev.		Solar	_____	_____	_____	_____
Date: _____	Reviewed by: _____	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____	_____
Released by: _____	Final	_____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Bond- Grid	_____	_____	_____	_____
[] CO [] CCO [] CA		Cut-in-Card Issue Date (P) _____ (T) _____	_____	_____	_____	_____
Date: _____	Annual Pool Inspection	_____	_____	_____	_____	_____
Released by: _____	Grounding & Bonding Certification Date	_____	_____	_____	_____	_____

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.

Applicant/Contractor

Sign and Seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

[] Licensed Contractor [] Exempt Applicant

DESCRIPTION OF ALL ELECTRICAL WORK:

QTY	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Devices	\$ _____
_____	_____	Detectors [] Smoke OR [] CO	_____
_____	_____	Light Poles/ Bollards. Height size _____	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Alarm Devices/ F.A.C. Panel	_____
_____	_____	SEE ATTACHED LIST	_____
_____	_____	Pool Permit/ with UV Lights	_____
_____	_____	Storable Pool/Spa/ Hot Tub	_____
_____	_____	EV Charger KW	_____
_____	_____	PV Systems KW	_____
_____	_____	Energy Storage KW	_____
_____	_____	KW [] Central AC Unit OR [] Mini Split	_____
_____	_____	HP/KW [] Space Heater [] Air Handler [] Furnace	_____
_____	_____	KW Baseboard	_____
_____	_____	Load Shed KW	_____
_____	_____	KW Transformer/ Generator	_____
_____	_____	AMP Service	_____
_____	_____	Amp Subpanels	_____
_____	_____	AMP Disconnect/ ATS	_____
_____	_____	KW. Elec. Sign/Outline Light	_____
_____	_____	OTHER	_____
Administrative Surcharge \$ _____			\$ _____
Minimum Fee \$ _____			\$ _____
State Permit Surcharge Fee \$ _____			\$ _____
TOTAL FEE \$ _____			\$ _____