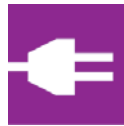




ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

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. DR # _____

Est. Cost of Elec. Work \$ _____

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

_____ 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

FEE (Office Use Only)

\$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Electric Plans Reviewed

Date: _____ Reviewed by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb.. [] Fire [] Elev.

Date: _____ Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date: _____

Released by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Released by: _____

INSPECTIONS

Type:

Rough

Barrier- Free

Trench

Generator

Solar

TCO

Other

Service

Final

Bond- Grid

Cut-in-Card Issue Date (P) _____ (T) _____

Annual Pool Inspection

Grounding & Bonding Certification Date _____

Failure

Dates (Month/Day)

Failure

Approval

Initial

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$