



# 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. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### 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

No Plans Required

Partial -Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Electric Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

Bldg.  Plumb.  Fire.  Elev.

SUBCODE APPROVAL FOR PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE

CO  CCO  CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

#### INSPECTIONS

#### Dates (Month/Day)

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Rough \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Trench \_\_\_\_\_

Temp. Serv. \_\_\_\_\_

Const. Serv. \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Service \_\_\_\_\_

Final \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Temp. Cut-in-Card Date Issued \_\_\_\_\_

Final Cut-in-Card Date Issued \_\_\_\_\_

Annual Pool Inspection \_\_\_\_\_

Date of Grounding and Bonding Certification \_\_\_\_\_

Date Received \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_

### 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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Elec. Contractor  Certifd Landscape Irrigation Contr  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

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 \_\_\_\_\_

0

#### 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 \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_