



# 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 \_\_\_\_\_

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		Dates (Month/Day)			
PLAN REVIEW		Type:		Failure	Failure	Approval	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 _____					

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.

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 \$ _____			