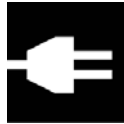




**ELECTRICAL SUBCODE
TECHNICAL SECTION**



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 _____
Address _____

Tel (_____) _____
Contractor _____
Address _____

Tel (_____) _____ FAX (_____) _____
Contractor License 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 \$ _____

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 Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____		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
_____		_____
_____		_____

FEE (Office Use Only)

\$ _____

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required				Type:	Failure	Failure	Approval
Joint Plan Review Required:				Rough	_____	_____	_____
[] Building	[] Plumbing			Barrier-Free	_____	_____	_____
[] Fire	[] Elevator			Trench	_____	_____	_____
[] Elec. Plans Approved				Temp. Serv.	_____	_____	_____
Date: _____				Constr. Serv.	_____	_____	_____
Approved by: _____				TCO	_____	_____	_____
				Other	_____	_____	_____
				Service	_____	_____	_____
				Final	_____	_____	_____
				Barrier-Free	_____	_____	_____
SUBCODE APPROVAL				Temp. Cut-in-Card Date Issued	_____	_____	_____
[] CO	[] CCO			Final Cut-in-Card Date Issued	_____	_____	_____
Date: _____				Annual Pool Inspection	_____	_____	_____
Approved by: _____				Date of Grounding and Bonding	_____	_____	_____
				Certification	_____	_____	_____

U.C.C. F120 (rev. 07/03) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one Internet version original plus three photocopies.

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____