

# ELECTRICAL SUBCODE TECHNICAL SECTION



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

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
\_\_\_\_\_  
Owner in Fee/Occupant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. 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 \$ \_\_\_\_\_

JOB SUMMARY (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			Temp. Serv.	_____	_____	_____
[ ] Fire [ ] Elevator			Constr. Serv.	_____	_____	_____
[ ] Elec. Plans Approved			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			Service	_____	_____	_____
			Final	_____	_____	_____
<b>SUBCODE APPROVAL</b>			Temp. Cut-in-Card Date Issued	_____		
[ ] CO [ ] CCO [ ] CA			Final Cut-in-Card Date Issued	_____		
Date: _____						
Approved by: _____						

**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 Electrical Contractor [ ] 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
.....		
<b>TOTAL NUMBERS</b>		
_____		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)

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	\$ _____
DCA Training Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>