

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received _____

Date Issued _____

Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

Owner in Fee/Occupant _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ 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 _____ Initials _____

No Plans Required
 Joint Plan Review Required

Building Plumbing

Fire Elevator

Elec. Plans Approved

Date _____

Approved by: _____

D. TECHNICAL SITE DATA

| CITY | SIZE | ITEMS | FEE (Office Use Only) |
|-------|-------|-------------------------------|-----------------------|
| _____ | _____ | Lighting Fixtures | _____ |
| _____ | _____ | Receptacles | _____ |
| _____ | _____ | Switches | _____ |
| _____ | _____ | Detectors | _____ |
| _____ | _____ | Light Poles | _____ |
| _____ | _____ | Motors- Fract HP | _____ |
| _____ | _____ | Emergency & Exit Lights | _____ |
| _____ | _____ | Communications Panels | _____ |
| _____ | _____ | Alarm Devices/F.A.C. Panel | _____ |
| _____ | _____ | TOTAL NUMBERS | \$ _____ |
| _____ | _____ | Foot Candles/100 sq ft | _____ |
| _____ | _____ | Storable Prod/Spill Kit | _____ |
| _____ | _____ | KWh Elec Range/Receptacle | _____ |
| _____ | _____ | KWh Dwan/Surface Unit | _____ |
| _____ | _____ | KWh Elec. Water Heater | _____ |
| _____ | _____ | KWh Elec. Dryer/Facets/plate | _____ |
| _____ | _____ | KWh Dishwasher | _____ |
| _____ | _____ | HP Garbage Disposal | _____ |
| _____ | _____ | KWh Central A/C Unit | _____ |
| _____ | _____ | HP/KWh Space Heat/Air Handler | _____ |
| _____ | _____ | KWh Baseboard Heat | _____ |
| _____ | _____ | HP Motors 1/4 HP | _____ |
| _____ | _____ | KWh Transformer/Generator | _____ |
| _____ | _____ | AMP Service | _____ |
| _____ | _____ | AMP Subpanels | _____ |
| _____ | _____ | AMP Motor Control Center | _____ |
| _____ | _____ | KWh Elec. Sig./Outline Light | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

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 Plumbing Contractor Exempt Applicant

APPLICANT

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