## ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING D. TECHNICAL SITE DATA CONTRACTORS, NOTIFY THIS OFFICE. QTY. SIZE ITEMS FEE (Office Use Only) \_\_\_\_\_\_Lot\_\_\_\_\_ Lighting Fixtures Work Site Location \_\_\_\_\_ Receptacles Switches Owner in Fee/Occupant \_\_\_\_\_ Detectors Address **Light Poles** Motors-Fract, HP **Emergency & Exit Lights** Contractor \_\_\_\_\_\_ Communications Points Address Alarm Devices/F.A.C. Panel Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_ **TOTAL NUMBERS** Lic. No. \_\_\_\_\_\_\_ Pool Permit/with UW Lights Federal Emp. No. \_\_\_\_\_\_\_ Storable Pool/Spa/Hot Tub KW Elec. Range/Receptacle B. ELECTRICAL CHARACTERISTICS KW Oven/Surface Unit Proposed \_\_\_\_ Use Group [ ] Pole/Pad # \_\_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_ KW Elec. Water Heater Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_ KW Elec. Dryer/Receptacle Est. Cost of Elec. Work \$ \_\_\_\_\_ KW Dishwasher HP Garbage Disposal JOB SUMMARY (Office Use Only) KW Central A/C Unit HP/KW Space Heater/Air Handler PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) KW Baseboard Heat [ ] No Plans Required Type: Failure Failure Approval Initial Joint Plan Review Required: HP Motors 1/+ HP Rough KW Transformer/Generator [ ] Building [ ] Plumbing Temp. Serv. AMP Service [ ] Fire [ ] Elevator Constr. Serv. AMP Subpanels [ ] Elec. Plans Approved TCO Date: \_\_\_\_\_ **AMP Motor Control Center** Other KW Elec. Sign/Outline Light Approved by:\_\_\_\_\_ Service Final Temp. Cut-in-Card Date Issued SUBCODE APPROVAL [ ] CO [ ] CA Final Cut-in-Card Date Issued Administrative Surcharge \$ Date: \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_ Approved by: 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.