



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 _____ street _____ zip code _____

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

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 | | INSPECTIONS | | Dates (Month/Day) | |
| [] No Plans Required | Type: _____ | Rough _____ | Failure _____ | Approval _____ | Initial _____ |
| [] Partial -Underslab Utilities Approved | Barrier-Free _____ | Trench _____ | Temp. Serv. _____ | Constr. Serv. _____ | TCO _____ |
| Date: _____ Approved by: _____ | Temp. Serv. _____ | Constr. Serv. _____ | TCO _____ | Other _____ | Service _____ |
| [] Electric Plans Approved | Final _____ | Barrier-Free _____ | Temp. Cut-in-Card Issued _____ | Final Cut-in-Card Issued _____ | Annual Pool Inspection _____ |
| Date: _____ Approved by: _____ | Barrier-Free _____ | Temp. Cut-in-Card Issued _____ | Final Cut-in-Card Issued _____ | Annual Pool Inspection _____ | Date of Grounding and Bonding _____ |
| Joint Plan Review Required: _____ | Barrier-Free _____ | Final Cut-in-Card Issued _____ | Annual Pool Inspection _____ | Date of Grounding and Bonding _____ | Certification _____ |
| [] Bldg. [] Plumb. [] Fire. [] Elev. _____ | Barrier-Free _____ | Annual Pool Inspection _____ | Date of Grounding and Bonding _____ | Certification _____ | |
| SUBCODE APPROVAL for PERMIT | Barrier-Free _____ | Date of Grounding and Bonding _____ | Certification _____ | | |
| Date: _____ Approved by: _____ | | | | | |
| SUBCODE APPROVAL for CERTIFICATE | | | | | |
| [] CO [] CCO [] CA _____ | | | | | |
| Date: _____ Approved by: _____ | | | | | |

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies. Internet version

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

| 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)

\$ _____

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