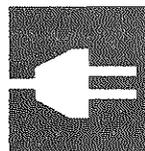




**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



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 _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____

Address _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ _____

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature _____

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixture	
_____		Receptacles	
_____		Switches	
_____		Detectors	
_____		Light Poles	
_____		Motors—Fract. HP	
_____		Emergency & Exit Lights	
_____		Communications Points	
_____		Alarm Devices/E.A.C. Panel	
_____		TOTAL NUMBERS	\$ _____
_____		Pool Permit/with UW Lights	_____
_____		Storable Pool/Spa/Hot Tub	_____
_____		KW Elec. Rang/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	_____

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

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy