



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 _____
Contractor: _____ street _____ municipality _____
Address _____ zip code _____

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

Federal Emp. ID No. _____ FAX: (_____) _____
Est. Cost of Elec. Work \$ _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

Pole/Pad # _____ Temporary _____ Other _____

Building Occupied as _____ Utility Co. DR # _____

Joint Plan Review Required: Yes No

DESCRIPTION OF ALL ELECTRICAL WORK:		FEE (Office Use Only)	
QTY	SIZE	ITEMS	
Devices			
Detectors <input type="checkbox"/> Smoke OR <input type="checkbox"/> CO			
Light Poles/ Bollards Height size _____			
Emergency & Exit Lights			
Alarm Devices/F.A.C. Panel			
SEE ATTACHED LIST			
Pool Permit/ with UV Lights			
Storable Pool/Spa/ Hot Tub			
EV Charger KW			
PV Systems KW			
Energy Storage KW			
KW <input type="checkbox"/> Central AC Unit OR <input type="checkbox"/> Mini Split			
HP/KW <input type="checkbox"/> Space Heater <input type="checkbox"/> Air Handler <input type="checkbox"/> Furnace			
KW Baseboard			
Load Shed KW			
KW Transformer/ Generator			
AMP Service			
AMP Disconnect/ ATS			
Amp Subpanels			
AMP Disconnect/ ATS			
KW Elec. Sign/Outline Light			
OTHER			
Administrative Surcharge \$			
Minimum Fee \$			
State Permit Surcharge 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.

Applicant/Contractor

Sign and Seal here: _____

D. TECHNICAL SITE DATA Licensed Contractor Exempt Applicant

Date Received
Control #
Date Issued
Permit #