ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
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 _____ e-mail _____

_____

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. DR # _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Electric Plans Reviewed
Date: _____Reviewed by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.. [ ] Fire [ ] Elev.
Date: _____Reviewed by: _____
SUBCODE APPROVAL for PERMIT
Date:_____
Released by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Released by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier- Free				
Trench				
Generator				
Solar				
TCO				
Other				
Service				
Final				
Bond- Grid				

Cut-in-Card Issue Date (P) _____ (T) _____
Annual Pool Inspection _____
Grounding & Bonding Certification Date _____

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: _____
Print name here: _____

D. TECHNICAL SITE DATA [ ] Licensed Contractor [ ] Exempt Applicant

DESCRIPTION OF ALL ELECTRICAL WORK:

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Devices	
		Detectors [ ] Smoke *OR* [ ] 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 [ ] Central AC Unit *OR* [ ]Mini Split	
		HP/KW [ ] Space Heater [ ] Air Handler [ ] Furnace	
		KW Baseboard	
		Load Shed KW	
		KW Transformer/ Generator	
		AMP Service	
		Amp Subpanels	
		AMP Disconnect/ ATS	
		KW. Elec. Sign/Outline Light	
		OTHER	

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

U.C.C F120 (rev. 12/25) 1 White= Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy