



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 ______

Vork Site Location				
Owner in Fee:				
	e-mail			
Address	nunicipality zip sode			
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:			
3. ELECTRICAL CHARACTERISTICS				
	Proposed			
] Temporary [] Other			
	Utility Co.			
Est. Cost of Elec. Work \$				
JOB SUMMARY (Office Use Only) PLAN REVIEW	INSPECTIONS Dates (Month/Day)			
[] No Plans Required	Type: Failure Failure Approval Initi			
[] Partial -Underslab Utilities Approved	Rough			
Date:Approved by:	Barrier-Free			
	Trench			
[] Electric Plans Approved	Temp. Serv.			
Date: Approved by:	Constr. Serv.			
Joint Plan Review Required:	Other			
[] Bldg. [] Plumb. [] Fire. [] Elev.	Service			
SUBCODE APPROVAL for PERMIT	Final 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
Date:	Barrier-Free			
Approved by:	Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE	Final Cut-in-Card Date Issued			
[] CO [] CO [] CA	Annual Pool Inspection			
Date:Approved by:	Date of Grounding and Bonding Certification			

Date Received Control # Date Issued Permit #

		Permit # ON IN LIEU OF OATH	. *
		at I am the (agent of) owner of record an	
		erform the work listed on this application.	
	nt sign/Co I seal here		*
_			
Print nar	me here:		
[] Licer	ised Elec.	Contractor [] Certifd Landscape Irrigat	tion Cont'r [] Exempt Applicant
D. TEC	HNICAL:	SITE DATA	•
DESCRI	PTION OF	WORK:	
QTY.	SIZE	ITEMS	FEE (Office Use Only)
***************************************		Lighting Fixtures	
		Receptacles	
***************************************		Switches	
***************************************		Detectors	
***************************************		Light Poles	
***************************************		Motors—Fract. HP	
***************************************		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

0		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	3 3 8 8 8 8 8 8 8
Communication Analogus		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	first to the first

		Administrative Surchar	The second contract of
		Minimum Fe	
		State Permit Surcharge Fe	ee \$

TOTAL FEE \$ ____