



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		10			
Owner in Fee:	e-mail municipality	Tel. (e-mail _)	zip code	
Federal Emp. ID No		FAX: ()		
B. ELECTRICAL CHARACTERISTICS Use Group Present [] Pole/Pad # Building Occupied as Est. Cost of Elec. Work \$	[] Temporary Utility Co.	[] Other _			
JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required [] Partial - Underslab Utilities Approved Date:Approved by: [] Electrical Plans Approved Date:Approved by: Joint Plan Review Required: [] Bldg. [] Plub. [] Fire [] Elev. SUBCODE APPROVAL for PERMIT Date:Approved by:	Temp. Srv. Constr. Serv. TCO Other Service Final Barrier-Fee		Failure	Month/Day) Approval	Initial
SUBCODE APPROVAL for CERTIFICATE [] CO [] CCO [] CA Date: Approved by:	Temp. Cut-In-Card Date Issued Final Cut-In-Card Date Issued Annual Pool Inspection				

Date Received Control #

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Print nai				
	ne here:			
[] Lice	nsed Elec.	Contractor [] Certifd Lar	ndscape Irrigat	tion Cont'r [] Exempt Ap
D. TEC	HNICAL	SITE DATA		
DESCR	RIPTION C	OF WORK:		
QTY.	SIZE	ITEMS		FEE (Office Use Only
		Lighting Fixtures		
		Receptacles		
		Switches		
		Detectors		
		Light Poles		
		Motors—Fract. HP		
		Emergency & Exit Lights		
		Communications Points		
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		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
-	_	CONTRACTOR OF THE CONTRACTOR O
_		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

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