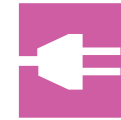


ELECTRICAL SUBCODE TECHNICAL SECTION



DATE RECEIVED _____

DATE ISSUED _____

PERMIT # _____

R/N

R/O

C/N

C/O

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone _____

Contractor _____

Address _____

Telephone _____ Fax _____

License Number _____

Federal Emp. No. _____ PA. HIC # _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary _____ Other _____

Building Occupied As _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW	Date	Initial
No Plans Required	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

INSPECTIONS TYPE:	DATES (MONTH/DAY)			
	FAILURE	FAILURE	APPROVAL	INITIAL
Rough	_____	_____	_____	_____
Temp. Serv.	_____	_____	_____	_____
Const. Serv	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Service	_____	_____	_____	_____
Final	_____	_____	_____	_____
Temp. Cut-in-Card Date Issued	_____			
Final Cut-in-Card Date Issued	_____			

JOINT PLAN REVIEW REQUIRED:

BUILD PLUMB FIRE ELEVATOR ELEC PLANS APPROVED

SUBCODE APPROVAL CO CCO CA

DATE: _____ APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors-Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/ F.A.C. Panel
_____		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 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

FEE (OFFICE USE ONLY)
\$ _____

\$ _____

ADMINISTRATIVE CHARGE \$ _____

UCC INSPECTION \$ _____

PA L&I \$ _____

TOTAL \$ _____
