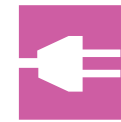


ELECTRICAL SUBCODE TECHNICAL SECTION



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 \$ _____

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)
\$ _____

\$ _____

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

ADMINISTRATIVE CHARGE	\$ _____
UCC INSPECTION	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____