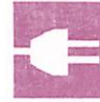


**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



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 _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
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 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
_____	_____
_____	_____

FEE (Office Use Only)

\$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough	_____	_____	_____	_____
[] Building [] Plumbing			Temp. Serv.	_____	_____	_____	_____
[] Fire [] Elevator			Constr. Serv.	_____	_____	_____	_____
[] Elec. Plans Approved			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: _____
Approved by: _____

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 and perform the work listed on this application.

Signature

Administrative Surcharge \$ _____
UCC Inspection \$ _____
PA L&I \$ _____
TOTAL \$ _____

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy