

ELECTRICAL SUBCODE
FILL OUT ALL DASHED LINE SECTIONS



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 _____

Email _____

Contractor _____

Address _____

Telephone _____ Fax _____

Email _____

B. ELECTRICAL CHARACTERISTICS

Use: Present _____ Proposed _____

Building Occupied As _____ Utility Co. _____

COST OF ELECTRICAL WORK \$ _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW _____ Date Initial _____

No Plans Required _____

JOINT PLAN REVIEW REQUIRED:

BUILD PLUMB FIRE 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	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	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with LW Lights	_____
_____	_____	Sporable 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	_____

PLAN REVIEW	\$ _____
ADMINISTRATIVE CHARGE	\$ _____
UCC INSPECTION	\$ _____
PA & I	\$ _____
TOTAL	\$ _____



MUNICIPALITY

PLUMBING SUBCODE

FILL OUT DASHED LINED SECTIONS



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

Work Site Location _____

Owner _____

Address _____

Telephone _____

Email _____

Contractor _____

Address _____

Telephone _____

Email _____

B. PLUMBING CHARACTERISTICS

Use Group _____

Building Sewer Size _____

Water Service Size _____

COST OF PLUMBING WORK \$ _____

Present _____ Proposed _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building

Fire

Plumb Plans Appr.

Plumbing

Date: _____

Approved By: _____

SUBCODE APPROVAL

CO

CCO

CA

DATE: _____

APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

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SIGNATURE _____

D. TECHNICAL SITE DATA (List of All Fixtures)

No.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other _____
_____	Other _____
_____	Other _____

FEE (OFFICE USE ONLY)

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