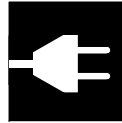




Woodland Township ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received **5/03/2004**
Control # **92000124**

Date Issued **5/03/2004**
Permit # **20040017**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block/Lot **3701/3**

Work Site Location **4031 ROUTE 563**

Owner in Fee: **PEPPER, AL**

Tel. _____ e-mail _____

Address: _____
Street municipality zip code

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed **R-4**
☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____ Descript: NEW S/F DWELLING S/F NEW S/F DWELLING

C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

____ Lighting Fixtures
____ Receptacles
____ Switches
____ Detectors
____ Light Pole
____ Motors—Fract. H
____ Emergency & Exit Lights
____ Communications Paints
____ 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 AC Unit
____ HP/KW Space Heater/Air Handler
____ KW Baseboard Heat
____ HP Motors 11+ 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			Barrier-Free				
[] Fire [] Elevator			Trench				
[] Elec. Plans Approved			Temp. Serv.				
Date: _____			Constr. Serv.				
Approved by: _____			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			Date of Grounding and Bonding Certification				

Administrative Surcharge \$ **0**
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____