

ELECTRICAL APPLICATION

PPL WORK ORDER NUMBER _____

DATE: _____ EXPECTED COMPLETION DATE: _____

PROJECT ADDRESS: _____

CONTRACTORS NAME: _____

PHONE: _____ EMAIL: _____

LICENSE NO. _____ ESTIMATED COST \$ _____

PLEASE CHECK THE FOLLOWING:

RESIDENTIAL NONRESIDENTIAL

NEW STRUCTURE ADDITION ALTERATIONS REPAIR

SWIMMING POOL GENERATOR SOLAR OTHER

DESCRIBE SCOPE OF WORK: _____

ELECTRICAL SERVICE

EXISTING SERVICE AMPS _____ VOLTS _____ OVERHEAD _____ UNDERGROUND _____

NEW SERVICE AMPS _____ VOLTS _____ OVERHEAD _____ UNDERGROUND _____

SUB PANEL AMPS _____ VOLTS _____ NUMBER OF CIRCUITS INSTALLED _____

CHECK OFF ANY OF THE FOLLOWING THAT WILL BE INSTALLED:

- | | | |
|---|---|--|
| <input type="checkbox"/> STOVES | <input type="checkbox"/> FREEZER | <input type="checkbox"/> ATTIC FAN |
| <input type="checkbox"/> COOK TOP | <input type="checkbox"/> REFRIGERATOR | <input type="checkbox"/> FURNACE |
| <input type="checkbox"/> RANGE | <input type="checkbox"/> CLOTHES WASHER | <input type="checkbox"/> AIR CONDITIONING |
| <input type="checkbox"/> RANGE HOOD/EXHAUST | <input type="checkbox"/> CLOTHES DRYER | <input type="checkbox"/> SECURITY SYSTEM |
| <input type="checkbox"/> MICROWAVE | <input type="checkbox"/> JETTED BATH | <input type="checkbox"/> EMERGENCY SIGNAGE |
| <input type="checkbox"/> DISHWASHER | <input type="checkbox"/> WATER PUMP | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> GARBAGE DISPOSAL | <input type="checkbox"/> WATER HEATER | <input type="checkbox"/> OTHER |

TOTAL AMOUNT OF DEVICES TO BE INSTALLED _____

(SWITCHES, RECEPTACLES, FANS AND OTHERS)

SIGNATURE OF CONTRACTOR OR THE AUTHORIZED REPRESENTATIVE.

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPILED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

SIGNATURE OF BUILDING CODE OFFICIAL

TOTAL OF PERMIT FEES (Township, Oc, L&I, Permit) \$ _____