



# ELECTRICAL SUBCODE TECHNICAL SECTION



BOROUGH OF LAWNSIDE  
CONSTRUCTION CODE DEPT.  
4 DOUGLAS AVENUE  
LAWNSIDE, NJ 08045  
(856) 573-8200

Date Received  
Control #  
Date Issued  
Permit #

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

### 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.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Contractor License No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

### 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. Ranges/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 1/4 HP \_\_\_\_\_
- KW Transformer/Generator \_\_\_\_\_
- AMP Service \_\_\_\_\_
- AMP Subpanels \_\_\_\_\_
- AMP Motor Control Center \_\_\_\_\_
- KW Elec. Sign/Outline Light \_\_\_\_\_

FEE (Office Use Only)  
\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[ ] No Plans Required			Type:	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			

U.C.C. F-120 (rev. 07/03) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.