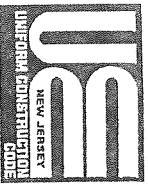
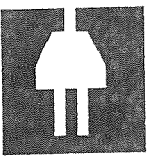


**BOROUGH OF HELMETTA**  
**CONSTRUCTION DEPARTMENT**  
 60 MAIN STREET — PO BOX 378  
 HELMETTA, NJ 08828  
 732-521-0386 — FAX: 732-521-1263



**ELECTRICAL**  
**SUBCODE**  
**TECHNICAL SECTION**



Date Received \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Permit # \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner In Fee/Occupant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Lic. 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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
			Type:	Failure	Failure Approval Initial
<input type="checkbox"/> No Plans Required			Rough		
Joint Plan Review Required:			Temp. Serv.		
<input type="checkbox"/> Building	<input type="checkbox"/>		Constr. Serv.		
<input type="checkbox"/> Fire	<input type="checkbox"/>		TCO		
<input type="checkbox"/> Elec. Plans Approved	<input type="checkbox"/>		Other		
Date: _____			Service		
Approved by: _____			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Final Cut-in-Card Date Issued		
Date: _____					
Approved by: _____					

**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.

Applicant's Signature/Contractor's Seal and Signature \_\_\_\_\_

Licensed Electrical Contractor  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. Ranger/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)**

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

UCC/PRO F-120 (REV3/96)  
 Professional Printing

(856)468-7933

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