NEIC NORTHEAST INSPECTION CONSULTANT
WE ARE LOCAL. WE LIVE LOCAL. WE WORK LOCAL.

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 _____

Contractor _____

Address _____

Telephone _____ Fax _____

License Number _____

Federal Emp. No. _____ PA. HIC # _____

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
No Plans Required		

INSPECTIONS TYPE:	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
Rough				
Temp. Serv.				
Const. Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

JOINT PLAN REVIEW REQUIRED:
☐ BUILD ☐ PLUMB ☐ FIRE ☐ ELEVATOR ☐ 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
		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. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Dishwasher
		HP Garbage Dispsoal
		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 CHARGE $ _____
UCC INSPECTION $ _____
PA L&I $ _____
TOTAL $ _____