



APPLICATION FOR ELECTRICAL PERMIT

(Use E_{PC} Application for Electrical Plan Check)

PROJECT ADDRESS	City	Zip Code	Unit No.
Cross Street:			

WORK DESCRIPTION Briefly describe the scope of work:	Check one: <input type="checkbox"/> House/Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Equipment <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Apartment, Condo or Town Home
--	--

Applicant's Name	Number & Street Name	City & Zip Code	Phone Number
-------------------------	----------------------	-----------------	--------------

Property Owner's Name	Number & Street Name	City & Zip Code	Phone Number
------------------------------	----------------------	-----------------	--------------

Contractor's Name	Number & Street Name	City & Zip Code	Phone Number
City of Los Angeles Business Tax Registration Certification		State License #	Class
Worker's Compensation Carrier		Policy #	Expiration Date

Engineer's/Architect's Name	Number & Street Name	City & Zip Code	Phone Number
State License #		Expiration Date:	

APPLICATION PROCESSING INFORMATION	
OK for Cashier:	Date:

For Cashier's Use Only

Permit Fee - Subtotal	
Permit Issuing Fee	
Permit Supp. Issuing Fee	
Permit Investigation Fee	
Plan Check Fee - Subtotal	
Additional Plan Check Hours	
Off - Hour Plan Check	

Customer Name: _____ Q-Matic#: _____
 PCIS# _____

(Use E_{PC} Application for Electrical Plan Check)

Permit List of Equipment - Please answer the following questions except as indicated below:

- For Single Family Dwelling/Duplex Less than 30,000 square feet of area Only answer questions 5, 10 below.
- For Events, Miscellaneous, Special Inspections or Communication permits skip questions 1 through 10 and the indicated quantity limitations.
- For Fire/Life Safety permit, skip question 10.

1- Is this a theater or motion picture theater? Yes <input type="checkbox"/> No <input type="checkbox"/>	2 - Is this a place of assembly with more than 99 occupants? Yes <input type="checkbox"/> No <input type="checkbox"/>	3- Is this a Health Care facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	4 - Is this a new building with more than 30,000 square feet? Yes <input type="checkbox"/> No <input type="checkbox"/>	5- Is the equipment to be installed rated 600 amperes or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	6- Is the installation in a hazardous classified area? Yes <input type="checkbox"/> No <input type="checkbox"/>
7- Is the installation over 600 volts? Yes <input type="checkbox"/> No <input type="checkbox"/>	8 - Is this installation for a fire alarm (new), emergency, legally required standby or gas detection <u>system</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	9- Are you installing any light circuits? Yes <input type="checkbox"/> No <input type="checkbox"/>	10- Is the total connected load over 400 amperes? Yes <input type="checkbox"/> No <input type="checkbox"/>	11- Is this a Photovoltaic Solar Electrical System Installation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

New Branch Circuits

Existing Branch Circuits or Temporary Lighting

15 or 20 A, 120 V Gen. Use Rec. & Dwell Appliance & Non-Dwell Appliances or motors ≤3 HP or KVA <85 <input type="text"/>	Permanent landscape Lighting <input type="text"/>	Lamp holder for Temporary Lighting <input type="text"/>	Number of Units <input type="text"/>	Utilization Equipment (other than luminaires) Not Over 3 HP-KVA <input type="text"/>
---	--	--	---	---

Motors, Transformers, Heating Appliances, Studio effect Lighting and Miscellaneous Equipment or Appliances (HP, KW or KVA)

3.1 thru 5 <40 <input type="text"/>	5.1 thru 20 <11 <input type="text"/>	20.1 thru 50 <5 <input type="text"/>	50.1 thru 100 <3 <input type="text"/>	100.1 thru 150 <2 <input type="text"/>
--	---	---	--	---

Services

Panelboards and Switchboard Section

0 to 200A <4 <input type="text"/>	201 - 400A <2 <input type="text"/>	0 to 200A <4 <input type="text"/>	201 - 400A <3 <input type="text"/>
--	---	--	---

Events

Special Inspections

Trade Shows <input type="checkbox"/>	Existing Building	Reconnect Existing Service	Special Equipment	Witnessing Test
Carnivals <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fire Alarm, Communication and Control

Number of Communication Devices <input type="text"/>	Number of Communication Panels <input type="text"/>	Number of Control Devices <input type="text"/>	Fire Alarm Devices <input type="text"/>	Guest Rooms Smoke Detectors <input type="text"/>	S.F.D. & Apt Smoke Detectors <input type="text"/>
---	--	---	--	---	--

Miscellaneous

Change of Address <input type="text"/>	Extra Trip <input type="text"/>	Misc. Permit <input type="text"/>	Moved Building <input type="text"/>	Swimming Pools <input type="text"/>	Transfer of Permit <input type="text"/>
---	------------------------------------	--------------------------------------	--	--	--