

# HOW TO COMPLETE A ELECTRICAL SUBCODE APPLICATION

**NEW JERSEY**  
**ELECTRICAL SUBCODE**  
**TECHNICAL SECTION**

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

1 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 2 Work Site Location \_\_\_\_\_  
 3 Owner in Fee: \_\_\_\_\_  
 4 Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

5 Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 6 Est. Cost of Elec. Work \$ \_\_\_\_\_ 5

**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 sign/Contractor sign and seal here: \_\_\_\_\_ 7  
 Print name here: \_\_\_\_\_  
 Licensed Elec. Contractor  Certif'd Landscape Irrigation Contr'y  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: 8

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Poles	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storage Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/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	_____

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	Date of Grounding and Bonding Certification	_____	_____	_____	_____

U.C.C. F120 (rev. 11/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

## Electrical (F120)

1. Block and Lot of the property goes here. (This is the same information from the Construction Permit Application F100 at the top of this document)
2. The street address of the property being worked on goes here.
3. The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
4. The Contractor's business name, address, telephone number, email address, Electrical License number/expiration date, and Federal Employer ID Number go here.

\* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."

5. Electrical Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.

\* Be sure to fill in Utility Company if electrical service is part of the project.

6. Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires

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this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.

7. If owner is doing the work and the property is owner occupied, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name and affixes seal.
8. A brief but complete description of the work goes here.
9. List the quantity for each type of electrical device here. Include "size" details where applicable.