

For City Use Only:

Permit Number:		Date Stamp
Associated Permit Number:		

Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

Please check all that apply:

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Medical, Institutional or School Facility
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Please complete as applicable:

<input type="checkbox"/> New Building _____ amps	<input type="checkbox"/> Additional: _____ amps	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Temporary Power _____ amps	<input type="checkbox"/> Service Change _____ amps	<input type="checkbox"/> # of New Circuits _____
<input type="checkbox"/> Limited Low Voltage	<input type="checkbox"/> Portable Classroom / Mobile Home	<input type="checkbox"/> Sign
<input type="checkbox"/> Pool, Hot Tub, Sauna or Spa	<input type="checkbox"/> Carnival - # of Concessions _____	<input type="checkbox"/> Fire Alarm

Contract Value (excluding sales tax)	
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SITE INFORMATION:

Site Address:	
Scope of Work:	

PROPERTY OWNER INFORMATION:

Property Owner(s) Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

TENANT/OCCUPANT INFORMATION:

Tenant/Occupant Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

CONTRACTOR INFORMATION:

Contractor Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	
State Contractor's License Number (L&I):	
Unified Business Identifier (UBI) Number:	

PRIMARY CONTACT INFORMATION:

Contact Person Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

NOTICE / ACKNOWLEDGEMENT

- I am the owner or the owner's agent and have permission to apply for this permit.
- I am aware that my permit will become null and void if the authorized work has not been inspected within 180 calendar days of issuance or for a period of 180 calendar days from the last inspection.
- I am aware that a one-time extension may be granted if a written request is submitted in writing/email to the building official showing just cause, prior to the expiration date.
- I have read and examined this application and know the information provided to be true and correct.

Print Name of Owner/Agent: _____

Date: _____

Signature of Owner/Agent: _____

Date: _____

OVER THE COUNTER (OTC) COMMERCIAL QUALIFICATION CHECKLIST

Is the occupancy defined as any of the following facilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital	Nursing Home Unit or Long-Term Care Unit		
Ambulatory Surgery Facility	Renal Hemodialysis Clinic		
Boarding Home	Residential Treatment Facility for Psychiatrically		
Assisted Living Facility	Impaired Children and Youth		
Private Psychiatric Hospital	Adult Residential Rehabilitation Center		
Maternity Home	Education Facility		
Institutional Facility	Private Alcoholism Hospital / Alcoholism Treatment Facility		

If you answered “Yes” then will this scope of work include: At least one “Yes” required for OTC

A lighting specific project that results in an electrical load reduction on each feeder involved in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A low voltage system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A modification to an existing installation where ALL CONDITIONS ARE TRUE: <ul style="list-style-type: none"> • Service or distribution equipment involved is rated less than 100 amperes and does not exceed 250v. • Does not involve emergency systems other than listed unit equipment per NEC 700.12(F). • Does not involve branch circuits or feeders of an essential electrical system as defined in NEC 517.2. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “No” please answer the following questions: All answers must be “No” for OTC

Is this work an installation or alteration to a service feeder rated 100 amperes or greater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are more than 100 amperes being added to the service or feeder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a commercial generator installation or alteration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is all work on the electrical system operating at or over 600 volts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is 60% or more of luminaires changing and is there an increase in the lighting load?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this work in an area that has been determined to be a hazardous (classified) location by the NEC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an installation of a switch or circuit breaker rated 400 amperes or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a solar photovoltaic system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTICE:

Inaccurate information indicated on this checklist may result in the need for plan review. If upon inspection, it is discovered that your scope of work does not match the work indicated on this worksheet, you may be issued a Stop Work Order and will cease work until plans have been submitted, reviewed, approved, and issued.