



DEPARTMENT OF BUILDING INSPECTION WORKSHEET FOR ELECTRICAL PERMIT

Please complete **BOTH SIDES** of this worksheet prior to application for permit issuance. Homeowners' applications are processed directly at the Inspection Services on the 4th floor. For all other installations, a valid California State Contractors license and a valid San Francisco Business Tax registration are required. Present this worksheet to the Permit Center, 2nd Floor. Required information is shown in **bold**.

Job Address:	Permit #
	Floor (Job Location):

Contractor

 Homeowner (*Proceed to Inspection Services – 4th Floor*)

 Other

Contractor License #:	License Class:	Business Tax License #:
------------------------------	-----------------------	--------------------------------

Contractor Company Name: (if applicable)	Applicant Signature:
Applicant Name:	Applicant Phone:
Applicant Address:	Applicant Cell Phone:
Property Owner Name:	Owner Phone:
Owner Address:	Owner Cell Phone:

Describe Scope of Work: (Include area(s) of work, electrical distribution equipment, devices, and utilization equipment, if applicable). Locations (describe area, tenant name, suite #, etc.)	Office Use Only

Services No. & Sizes				
Feeders No. & Size			Circuits	
Panelboards / Switchboards No. & Sizes				
Transformers No. & Sizes				
No. of Lights	Switches	Receptacles	Fans	Dishwashers
Garbage Disposals	Microwaves	Ranges	Hydro-massage Tubs	Smoke Detectors
Other Equipment:				

PLEASE REVIEW YOUR PERMIT INFORMATION FOR ACCURACY. A NEW PERMIT IS REQUIRED TO CORRECT INACCURACIES OR OMISSIONS ON ISSUED PERMITS.

Residential Non-Residential

An Outlet is defined as a point on the wiring system at which current is taken to supply utilization equipment.

Building Permit Application # (If applicable): PA#	Plumbing Permit # (If applicable): P	Valuation of Electrical Work: \$
--	--	--

Category 1: General Wiring: Residential buildings of 10,000 sq. ft. or less

- 10 outlets or less 21 – 40 outlets Buildings of 5,000 – 10,000 sq. ft. area
 11 – 20 outlets 41 outlets or more

Category 2: General Wiring: Non-residential buildings and Residential Buildings over 10,000 sq. ft. in area

- up to 5 outlets 2,501 – 5,000 sq. ft. 50,001 – 100,000 sq. ft.
 6 – 20 outlets 5,001 – 10,000 sq. ft. 100,001 – 500,000 sq. ft.
 21 or more outlets up to 2,500 sq. ft. 10,001 – 30,000 sq. ft. 500,001 – 1,000,000 sq. ft.
 30,001 – 50,000 sq. ft. More than 1,000,000 sq. ft.

Category 3: Retrofit Service and Distribution Equipment that is not part of Categories 1 and 2

- _____ up to 225 amps _____ 1,200 – 2,000 amps _____ up to 150 kva
_____ 226 – 500 amps _____ more than 2,000 amps _____ over 151 kva
_____ 600 – 1,000 amps _____ over 600 volts _____ Fire Pumps

Category 4a: Installation of Fire Warning and Controlled Devices

- Up to 2,500 sq. ft. 10,001 – 30,000 sq. ft. 100,001 – 500,000 sq. ft.
 2,501 – 5,000 sq. ft. 30,000 – 50,000 sq. ft. 500,001 – 1,000,000 sq. ft.
 5,001 – 10,000 sq. ft. 50,001 – 100,000 sq. ft. More than 1,000,000 sq. ft.

Category 4b: Retrofit Systems of Fire Warning and Controlled Devices

- Buildings of 6 dwelling units or less up to 3 floors 21 – 30 floors
 Buildings of 7-12 dwelling units 4 – 9 floors More than 30 floors
 10 – 20 floors

Category 5: Miscellaneous Installations

Remodel / Upgrade of **Existing Hotel** Guest/SRO Rooms: Number of Rooms: _____

Data, Communications, and Wireless Systems: Number of Cables: _____

Number of Office **Workstations:** _____ Temporary **Exhibition** Wiring
No. of Booths/Outlets: _____

Number of Exterior **Signs:** _____ Number of Interior **Signs:** _____

Garage Door Operator (Requiring receptacle installation): Number of Door/s: _____

Quarterly Permits (Includes 1 inspection) (max 5 outlets in any one location) Quarterly

Survey Survey Only **or:** Add'l Hrs: _____

Research / Survey & Report: Add'l Hrs: _____

Witness Testing Hours (1 hr min) Yes No Add'l Hrs: _____

No. of **Off-Hours** (2 hrs min) _____ No. of **Add'l inspections**/hours required _____

Security Systems. Number of Components _____ **Energy Management, HVAC, & Low Voltage.** Number of floors _____

Plan Review: Number of Hours: _____ **Solar PV Systems** Total kW Rating _____