



**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 3<sup>rd</sup> 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 CPB on the 1<sup>st</sup> floor. Required information is shown in **bold**.

<b>Job Address:</b>	<b>Permit #</b>
	<b>Floor (Job Location):</b>

**Contractor**  **Other**

<b>Contractor License #:</b>	<b>License Class:</b>	<b>Business Tax License #:</b>
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<b>Contractor Company Name: (if applicable)</b>	<b>Applicant Signature:</b>
<b>Applicant Name:</b>	<b>Applicant Phone:</b>
<b>Applicant Address:</b>	<b>Applicant Cell Phone:</b>
<b>Property Owner Name:</b>	<b>Owner Phone:</b>
<b>Owner Address:</b>	<b>Owner Cell Phone:</b>

<b>Location of Work:</b> area, tenant space, suite or floor no etc.	<b>Office Use Only</b>

<b>Scope of Work:</b> Provide detailed information below				
<b>Services No. &amp; Sizes</b>				
<b>Feeders No. &amp; Size</b>			<b>Circuits</b>	
<b>Panelboards / Switchboards No. &amp; Sizes</b>				
<b>Transformers No. &amp; Sizes</b>				
<b>No. of Lights</b>	<b>Switches</b>	<b>Receptacles</b>	<b>Fans</b>	<b>Dishwashers</b>
<b>Garbage Disposals</b>	<b>Microwaves</b>	<b>Ranges</b>	<b>Hydro-massage Tubs</b>	<b>Smoke Detectors</b>
<b>Other Equipment:</b>				

**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): <b>PA#</b>	Plumbing Permit # (If applicable): <b>P</b>	Valuation of Electrical Work: <b>\$</b>
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**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 (include Generator) 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**

No. of **Off-Hours** (2 hrs min) \_\_\_\_\_

No. of **Additional Inspections** hours \_\_\_\_\_

**Plan Review:** Number of Hours: \_\_\_\_\_

Number of **Exterior Signs:** \_\_\_\_\_ **Survey** Survey Only \_\_\_\_\_ Hrs:

Number of **Interior Signs:** \_\_\_\_\_ **or** Research / Survey & Report: \_\_\_\_\_ Hrs:

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

**Security Systems.** Number of Components \_\_\_\_\_ **Energy Management, HVAC, & Low Voltage.** Number of floors \_\_\_\_\_ **Solar PV Systems** Total kW Rating \_\_\_\_\_

Remodel / Upgrade of **Existing Hotel Guest/SRO Rooms:** Number of Rooms: \_\_\_\_\_ **Data, Communications, and Wireless Systems:** Number of Cables: \_\_\_\_\_

**Witness Testing** Hours (1 hr min) \_\_\_\_\_ **Garage Door Operator** (Requiring receptacle installation): No. of Opener/s: \_\_\_\_\_

**Quarterly Permits** (Includes 1 inspection) (max 5 outlets in any one location)  **Filing Fee Only:**

**Inspection Services**