

COUNTY OF MODOC

Building Safety Department

203 W. 4th STREET

ALTURAS, CALIFORNIA 96101

Office- 233-6413

Fax- 233-6420

APPLICATION FOR ELECTRICAL SERVICE CHANGE-OUTS, RESTORE SERVICE & AGRICULTURAL PUMP SERVICES

OWNER / APPLICANT: _____ PHONE: () _____ - _____

MAILING ADDRESS: _____

P.O. Box #

Street Address

City

State

Zip Code

ASSESSORS PARCEL # _____ - _____ - _____ and IRRIGATION DIST. #: _____

at project site or agricultural pump installation site.

ESTIMATED COST: \$ _____

CONTRACTORS DECLARATION

I have contracted to perform all aspects of the work for which this application for permit has been applied for. I personally will provide the labor and materials for the construction of the proposed property improvement.

I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR NAME: _____ PHONE: () _____ - _____

LICENSE CLASS: _____ LICENSE NUMBER #: _____

MAILING ADDRESS: _____

Street Address

P.O. Box #

City

State

Zip Code

X

SIGNATURE OF CONTRACTOR

DATE:

OWNER-BUILDER DECLARATION

I personally plan to provide the labor and materials for the construction of the proposed property improvement.

I have contracted/hired the following contractor to perform the work indicated.

CONTRACTOR NAME: _____ PHONE: () _____ - _____

LICENSE CLASS: _____ LICENSE NUMBER #: _____

MAILING ADDRESS: _____

Street Address

P.O. Box #

City

State

Zip Code

X

SIGNATURE OF APPLICANT OR OWNERS AGENT

DATE:

(PART 1) INFORMATION FOR SERVICE CHANGE-OUT or RESTORE SERVICE

Note: Permits issued under this part are for like replacements and simple electrical reconnect inspections in-order to restore service. Permits issued are not for service up-grades to a higher ampacity than original nor are they valid where any change is made to the location or type of service drop from the serving utility without returning this form with a site plan and explanatory notes.

Existing size service: 60amp 100 / 125 amp 200 amp Other: _____amp

New size service: 60amp 100 / 125 amp 200 amp Other: _____amp

This permit is for to: Restore / Re-connect Service Change-out / Replace Service

Other (Specify): _____

(PART 2) AGRICULTURAL ELECTRICAL SERVICE & PUMP INFORMATION

Size service: 60amp 100 / 125 amp 200 amp Other: _____amp

Number of service meters: (1) One (2) Two

Volts: 120 / 240V 460 / 480V **Phase:** Single Three phase Other

Class of work: New Reconnect existing

Use: Irrigation Stock water Other: _____

Type of pump(s) (1): Turbine Submersible Centrifical

Type of pump(s) (2): Turbine Submersible Centrifical

Type of pump(s) (3): Turbine Submersible Centrifical

List the H.P. rating(s) of the motor(s): 1.) _____HP 2.) _____HP 3.) _____HP

MAP TO PUMP INSTALLATION or send a partial copy of the irrigation district map

- o Show by drawing a simple map, directions to the pump(s) from the nearest County Rd. or State Hwy., so that we can find your installation.
- o Please designate with an arrow (as provided for below) the direction to North. N

INDEMNIFICATION CLAUSE

I hereby certify that I have read and examined this application and know the same to be true and correct and the work for which this application is made is, or will be, in conformance to the provisions of all applicable state and Modoc County Codes and/or Ordinances. The granting of a permit does not presume to give authority to violate or cancel the provisions of any Federal, State or Local Laws or Ordinances regulating construction or the performance of the construction work, whether specified or not.

X _____

SIGNATURE OF APPLICANT OR OWNERS AGENT

DATE: _____