CITY OF CHULA VISTA
CIRCUIT CARD AND LOAD SUMMARY

This card must be filled out and available at the Service Equipment for the Rough Inspection

ADDRESS		**PERMIT #**
OWNER	**PHONE**	**LOT #**
LICENSE CARD #		**AREA IN SQ. FT.**

T = Tail fixture C = Ceiling light B = Wall bracket light
R = Convenience recep't outlet S = Switch

Circuit 1 *Rooms	T	C	B	R	S	Circuit 2 *Rooms	T	C	B	R	S
Circuit 3 *Rooms	**T**	**C**	**B**	**R**	**S**	**Circuit 4 *Rooms**	**T**	**C**	**B**	**R**	**S**
Circuit 5 *Rooms	**T**	**C**	**B**	**R**	**S**	**Circuit 6 *Rooms**	**T**	**C**	**B**	**R**	**S**
Circuit 7 *Rooms	**T**	**C**	**B**	**R**	**S**	**Circuit 8 *Rooms**	**T**	**C**	**B**	**R**	**S**
Circuit 9 *Rooms	**T**	**C**	**B**	**R**	**S**	**Circuit 10 *Rooms**	**T**	**C**	**B**	**R**	**S**
Circuit 11 *Rooms	**T**	**C**	**B**	**R**	**S**	**Circuit 12 *Rooms**	**T**	**C**	**B**	**R**	**S**

Total number of 15 amp. Circuits _____

Total number of 20 amp. Circuits _____

(Including new and existing circuits)

Fill in applicable items below for new and existing.
Use remarks as necessary to describe work.

	NAME PLT AMPS - KW	WIRE SIZE CU	WIRE SIZE AL	BRKR SIZE
SYSTEM VOLTAGE				
SERVICE				
RANGE				
OVEN				
MICROWAVE				
DRYER (MIN 5 kW)				
WATER HEATER				
DISHWASHER				
F.A.U.				
A/C				
SUBPANEL				
SPA/JACUZZI				
TOTAL AMPS				

REMARKS _____

_____

_____

GFCI Locations:

Kitchen ☐ Bath ☐ Garage ☐

Outside ☐ Other ☐

Service Ground/Bond

(a) Size: No. CU _____ AL _____

(b) Location of clamp(s):

Ufer ☐ GR. Rod ☐ Steel ☐

Cold Water ☐ Bare CU. ☐

I certify that all terminations have been torqued in accordance with manufacturer's instructions and that the work shown on this circuit card represents the full extent of the work performed under this permit.

OWNER/CONTRACTOR _____

_____

SIGNED _____

DATE _____