



**MONTGOMERY COUNTY BUILDING REGULATIONS**

451 West Third Street  
Dayton, Ohio 45422

(937) 225-4622  
www.mcoho.org/build

**BUILDING REGULATIONS DIVISION  
ELECTRICAL PLAN REVIEW**

**“LOG-IN DATA REQUIRED FORM”**

Date \_\_\_\_\_

Permit # \_\_\_\_\_

\_\_\_\_\_  
Electrical Contractor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

The following information is requested to determine the electrical to be installed at:

\_\_\_\_\_  
Owner's Name Project Name

\_\_\_\_\_  
Address City Zip

Is in compliance with the National Electrical Code as it relates to available short circuit currents and interrupting ratings. See sections 100, 110-3, 110-9, 110-10, 240-1(FPN), 240-11, 240-60(c)(3), 240-83(c), 250-2(d), and 250-96. This form is to be completed and returned to the Electrical Section of Montgomery County Building Regulation Division for approval prior to installation.

The following information is to be supplied by the electrical contractor or other responsible party

N/A if utility owned transformer  
Transformer kva \_\_\_\_\_ impedance \_\_\_\_\_ %

secondary voltage \_\_\_\_\_

Phase \_\_\_\_\_ 3 or 4 wire \_\_\_\_\_ length of service conductors \_\_\_\_\_

Size and number of service conductors per phase \_\_\_\_\_

Type of conductors: copper \_\_\_\_\_ aluminum \_\_\_\_\_ conduit size \_\_\_\_\_ steel \_\_\_\_\_ non-magnetic \_\_\_\_\_

Type, size and interrupting rating of over current devices in service disconnect \_\_\_\_\_

(main distribution panel)

\_\_\_\_\_  
Size of grounding electrode conductor \_\_\_\_\_ Bracing of service equipment \_\_\_\_\_



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**“Log-In” Data Required Form**

	Location of Short Circuit Current	Short Circuit Current	Overcurrent Device			Peak Let Thru	Fuse UL Class
			Ampere Rating Current	Interrupting Rating	Apparent RMS Let Thru		
1	At Transformer Secondary Terminals (Infinite Primary)						
2	On Line Side Of Main Service Equipment						
3	Let Thru Current On Load Side Of Main Overcurrent Device						
4	At Panel _____						
5	At Panel _____						
6	At Panel _____						
7	At Panel _____						
8	At Panel _____						
9	At Panel _____						
10	At Panel _____						
11	At Panel _____						
12	At Panel _____						

Attach separate sheet for data on additional panels. Where current limiting devices are used, show mfg. Name, part number, and let thru curves. Attach separate sheet of paper to show one line diagram of service, feeders, and all related panels. Attach let thru curves if current limiting devices are used. All current values in RMS values line to line unless otherwise noted. The undersigned accepts full responsibility for the values given herein.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone No: \_\_\_\_\_

b i r t h p l a c e o f i n n o v a t i o n