

FIRE PROTECTION SECTION

Description Of Work: _____

Storage Tanks :

Type: Flamm.Liquid Comb Liquid _____ Standpipes
 LPG LNG

Alarm Systems 110v Interconnected System
 _____ Alarm Devices (i.e, smoke, heat, pulls, waterflow)
 _____ Supervisory Devices (i.e. tampers, low/high air)
 _____ Signalling Devices (i.e, horn, strobes, bells)
 _____ Other Devices _____

Suppressoin Systems Fire Pump GPM Type
 _____ Dry Pipe/Alarm Valves
 _____ Pre-action Valves
 _____ Sprinkler Heads (Dry and Wet)

Estimated Cost Of Fire Protection Work : \$ _____

Pre-engineered Systems

_____ Wet Chemical
 _____ Dry Chemical
 _____ C02 Suppression
 _____ Foam Suppression
 _____ Halon Suppression
 _____ Other _____
 _____ Kitchen Hood Exh Sys
 _____ Smoke Control System
 _____ Gas or Oil Fired Appl.

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

Fire Protection Cert. No. _____

Security Alarm Cert. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application.

X _____
 Applicant's Signature/Contractor's Seal and Signature

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Date: _____
<input type="checkbox"/> Electric <input type="checkbox"/> Fire	Approved By: _____

ELECTRICAL SECTION

Description Of Work: _____

QTY. SIZE ITEMS

_____ Lighting Fixtures
 _____ Receptacles
 _____ Switches
 _____ Detectors
 _____ Light Poles
 _____ Motors-Fract.HP
 _____ Emergency & Exit Lights
 _____ Communication Points
 _____ Alarm Devices F.A.C Panel
 _____ Other _____
 _____ TOTAL NUMBERS
 _____ Pool Permit/w Uw Lights
 _____ Storable Pool/Spa/Hot Tub
 _____ KW Elec.Range /Receptacle
 _____ KW Oven/Surface Unit

QTY. SIZE ITEMS

_____ KW Elec.Water Heater
 _____ KW Dryer/Receptacle
 _____ KW Dishwasher
 _____ HP Garbage Disposal
 _____ KW Central A/c Unit
 _____ HP/KW Space Htr/Air Handler
 _____ KW Base Board Heat
 _____ HP Motors 1/+ HP
 _____ KW Transformer/Generator
 _____ AMP Service
 _____ AMP SubPanels
 _____ AMP Motor Control Center
 _____ KW Elec Sign/Outline Light Unit
 _____ Other _____
 _____ Other _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

Irrigation Cert. No. _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
 Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor Exempt Applicant

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Electric Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Electric	
<input type="checkbox"/> Fire <input type="checkbox"/> Plumbing	
Date : _____	Approved By: _____

Estimated Cost Of Electric Work : \$ _____