

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 : \$ _____

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 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 : \$ _____