

FIRE PROTECTION SECTION

Description Of Work: _____

Storage Tanks :

Type: Flamm.Liquid Comb Liquid
 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 : \$ _____

____ Standpipes
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. _____

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. _____

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 : \$ _____