

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)
 Standpipes

Estimated Cost Of Fire Protection Work :\$ _____

Pre-engineered Systems

Wet Chemical
 Dry Chemical
 CO2 Suppression
 Foam Suppression
 Halon Suppression
 Other _____
 Kitchen Hood Exh Sys
 Smoke Control System
 Gas or Oil Fired Appl.

Contractor _____
 Contact _____
 Address _____

Email _____
 Phone _____

LicNo-ExpDt _____
 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.

Applicant's Signature/Contractor's Seal and Signature

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

Contractor _____
 Contact _____
 Address _____

Email _____
 Phone _____

LicNo-ExpDt _____
 Fed. Emp. No. _____

Irrigation Cert. No. _____

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

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor Exempt Applicant

Office Use Only Joint Plan Review Required: <input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> Fire Date: _____ Approved By: _____	<input type="checkbox"/> No Plans Required <input type="checkbox"/> Electric Plans Approved
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Estimated Cost Of Electric Work : \$ _____