

~~12-1~~ 99-3497



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 351 Brick Blvd Drum Point Plaza
2. Name of Owner in Fee: Kells Industries Tel. ()
- Address 351 Brick Blvd, Brick 08123
- street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: Bill Dalton Tel. () 458-204
- Address 1602 Harvard Ave. Brick NJ.
- License No. OR, if new home, Builder Reg. No. 4812 Exp. Date 2/1/99
- Federal Emp. No. 22-201 0041 Social Security No.
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work Bill Dalton Tel. ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
2. ☐ Small Job (\$5,000
and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

Replace HWH

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
						Approval	Rejection	
	JRT	8/2/99						
6000 -				8-4-99	DN	9/17/99		O/S
10000 -								

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction

After Construction

Net gain or loss _____

8. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name William Dalton

Address 1602 Harvard Ave
Brick NJ

Telephone () 458-2424

Signature William Dalton Date Sept 14, 1999

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
3497*#

BLOCK	547 #	0.00
LOT	15 #	0.00
PLUMBING		70.00
D.C.A.		5.00
TOTAL		75.00
CHECK		75.00
CHANGE		0.00
	0021A005	13:15

UNION NEW JERSEY
CONSTRUCTION
PERMIT

09/14/99

IDENTIFICATION BLOCK 547.01

WORK SITE LOCATION 541 BRICK BLVD DIRT TO P.A.R.
REPAIR HIGH

OWNER IN FEE KELLY INDUSTRIES
SCM

ADDRESS 5000
BLOCK 01 08/73-
Telephone 1777

CONTRACTOR WITH PERMIT
5000 1607 HAVARD DRIVE
MONTICELLO, NJ 08753-
Telephone 1608 1438-1434
1000 1000 1000 1000
Project Fee 100. 72-201000

Is hereby authorized permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ASSESSMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ UTILIZATION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
 (Subchapter 8 only)

DESCRIPTION OF WORK:
REPAIR HIGH

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$

6,000

Construction Official

09/14/99
Date

U.C.C. 1109 (rev 1/91)

Date Issued 09/14/99
Control #
Permit # 99-3497

PAYMENTS (Office Use Only)
 Building 0
 Electrical 0
 Plumbing 70
 Fire Protection 0
 Elevator Devices 0
 Other 0
 High Training Fee 5
 Cert. of Occupancy 0
 Other 0
 Total 75
 Check No. 999
 Cash
 Collected By 11

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 1/1
Control # C3-701
Permit # 99-3497

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING D. TECHNICAL SITE DATA (List all fixtures.)

Block 547.01 Lot 15
Work Site Location 351 BRICK BLVD. DRUM PT PLAZA

REPLACE HW

Owner in Fee KELLS INDUSTRIES

Address SAME

BRICK, NJ 08723-

Tele. (908) 458-2424 Fax ()

Contractor WILLIAM DALTON

Address 1602 HAVARD DRIVE

BRICKTOWN, NJ 08723-

Tele. (908) 458-2424

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2010041

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required
Joint Plan Review Required:
Type Slab
Rough
Water
Sewer
Fixtures
Gas Equip.
Gas Piping
Solar
TCO

INSPECTIONS
Dates (Month/Day)
Failure Failure Approval Initial

[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 8-4-99
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO
Approved By: [Signature]
Date: 8-17-99

Approved By: [Signature]
Date: 8-17-99

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized
to make this application and perform the work listed on this application.

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

NO.

PICTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

70-44

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Administrative Surcharge \$

0

Minimum Fee \$

0

TOTAL FEE \$

70-44

DCA Training Fee \$

5

Paid [] Check \$

Collected by:

A. O. SMITH

APPROVAL RATINGS AND CERTIFICATION

All models comply with ANSI Z21.10.3 CGA4.3

All models comply with ASHRAE/IES 90.1 b-1992.

C.E.C. California Energy Commission

FEATURES

80+ % thermal efficiency affords lower operating costs on most models.

WATER CONNECTIONS - For ease of installation, BTR's feature on most models water connections on the top, front, and rear.

GLASS LINED TANK - Permaglas® Ultracoat is the proprietary ceramic coating developed by A. O. Smith's ceramic engineers specifically for this heater. It is applied after the complete tank has been assembled to give a seamless barrier against corrosion by hot water. The maximum working pressure is 160 psi.

FULLY AUTOMATIC CONTROLS WITH SAFETY SHUTOFF - Accurate, dependable control system. Manual reset gas shutoff device for added safety. Maximum inlet gas pressure is 14" W.C. Minimum gas pressure is 4.5" W.C. natural gas, 11" W.C. propane.

FOAM INSULATION - Saves fuel, helps reduce standby heat loss.

JACKET - Heavy gauge steel finished with a baked enamel finish over a bonderized undercoat.

EASY CLEANING - Handhole cleanout allows easy cleaning.

FULLY TESTED FOR SAFETY AND PERFORMANCE - Design certified by the Underwriters Laboratory for 180°F hot water service. Meets rigid requirements of the National Sanitation Foundation when equipped with optional leg kit. Certified for use on combustible flooring.

INTERMITTENT IGNITION DEVICE - Eliminates standing pilot. Provides flame failure response in less than one second. Power ON/OFF switch.

EASY TO INSTALL - Completely factory-assembled. Only gas, water, vent and electric connections need be made. Provided with drain valve.

FACTORY INSTALLED AND TESTED DRAFT DIVERter - Low profile "snap action" diverter with automatic motorized flue damper to minimize standby losses.

ANODES - CoreGuard™ long-life, stainless steel core anode rods.

PLUG KITS - Pipe nipples and caps are included to plug unused water connections.

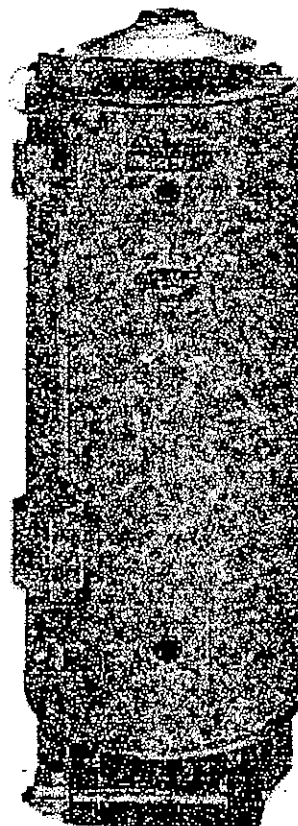
OTHER FEATURES

- Equipped with gas pressure regulator and pilot filter
- Integral automatic gas shutoff system prevents excessive water temperature
- A.G.A. rated temperature and pressure relief valve factory-installed
- Maximum working pressure is 160 psi standard
- Cathodic protection
- Adjustable thermostat with a 120-180°F range.

OPTIONS

- Power vent kits for side wall venting (page A105.4).
- Manifold kits for multiple heater installations.
- Meets NSF Standard 5 with optional leg kit.

MasterFit® COMMERCIAL GAS TANK-TYPE WATER HEATERS BTR 120-500(A)



ASME
on selected models.



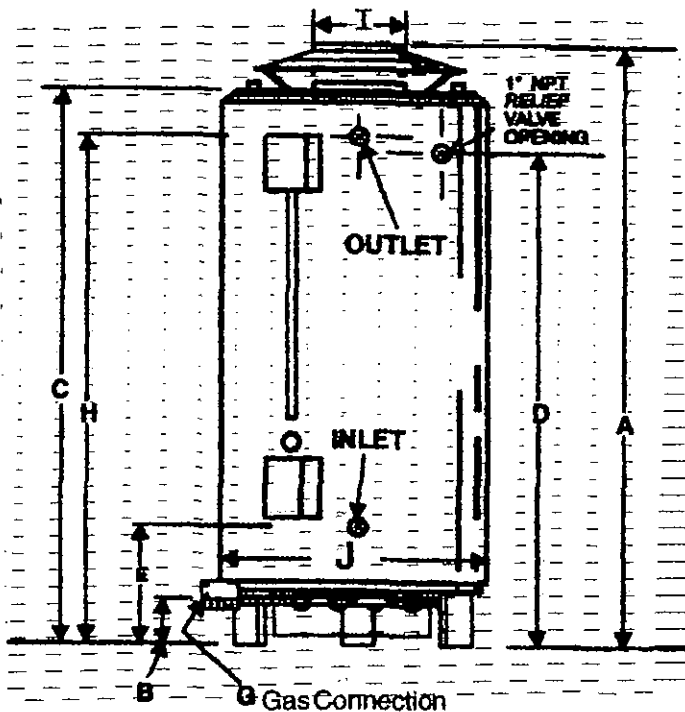
Approved to NSF
Standard 5
with Optional Leg Kit

LIMITED WARRANTY OUTLINE

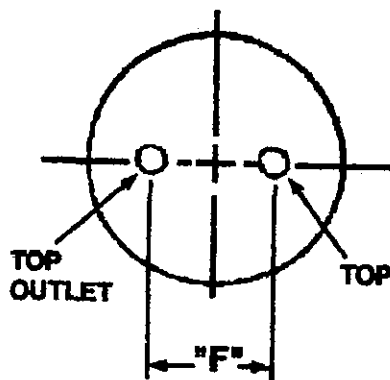
If the tank should leak any time during the first three years, under the terms of the limited warranty, A. O. Smith will furnish a replacement heater; installation, labor, handling and local delivery extra. **THIS OUTLINE IS NOT A WARRANTY.** For complete information, consult the written warranty or A. O. Smith Water Products Company.

Warranty does not apply to product installed outside of the United States of America or its territorial possessions and Canada.

**ROUGH-IN DIMENSIONS
SIDE VIEW OF BTR
Models 120-500**



Top View of BTR



Model	Clearance to Combustibles		Clearance to Non-Combustibles	
	Sides & Rear	Top Cover	Sides & Rear	Top Cover
BTR120	1"	12"	0"	12"
BTR154	1"	12"	0"	12"
BTR180	1"	12"	0"	12"
BTR197	1"	12"	0"	12"
BTR198	1"	12"	0"	12"
BTR199	1"	12"	0"	12"
BTR200(A)	1"	12"	0"	12"
BTR250(A)	2"	12"	0"	12"
BTR251(A)	2"	12"	0"	12"
BTR275(A)	2"	12"	0"	12"
BTR305(A)	2"	12"	0"	12"
BTR365(A)	3"	12"	0"	12"
BTR400(A)	3"	12"	0"	12"
BTR500(A)	6"	12"	3"	12"

Water Connections in Inches

Models	Inlet			Outlet		
	Top	Front	Back	Top	Front	Back
BTR120	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR154	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR180	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR197	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR198	1 1/2	1 1/2	2	1 1/2	1 1/2	2
BTR199	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR200(A)	1 1/2	2	2	1 1/2	2	2
BTR250(A)	1 1/2	2	2	1 1/2	2	2
BTR251(A)	NA	1 1/2	1 1/2	NA	1 1/2	1 1/2
BTR275(A)	1 1/2	2	2	1 1/2	2	2
BTR305(A)	NA	1 1/2	1 1/2	NA	1 1/2	1 1/2
BTR365(A)	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2
BTR400(A)	1 1/2	2	2	1 1/2	2	2
BTR500(A)	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2	1 1/2

Gas Pressure Requirements

	Natural Gas	Propane Gas
Max. Supply Pressure	14" w.c.	13.8" w.c.
Min. Supply Pressure	4.5" w.c.	11" w.c.
Manifold Pressure	3.5" w.c.	10" w.c.

Electrical Specifications

	Volts	Amps
BTR	120VAC	.7
BTR with Power Venter	120VAC	3.0 FLA

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
Chambers Bridge Road
Brick, New Jersey 08723
732-262-1027

Site Location:	Date Rec'd:
Block: <u>54701</u> Lot: <u>15</u>	Date Issued:
Owner in Fee: <u>Kells Industries</u>	Control #:
Address: <u>Drum Point Plaza Laundry</u>	Permit #:
<u>351 Brick Blvd</u>	
<u>Brick NJ 08723</u>	
State: Zip: Phone: ()	
SS #:	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: <u>Bill Dalton P+H</u>	CONTRACTOR: <u>Bill Dalton P+H</u>
ADDRESS: <u>1602 Harvard Ave.</u>	ADDRESS: <u>1602 Harvard Ave.</u>
<u>Brick NJ 08724</u>	<u>Brick NJ 08724</u>
PHONE: <u>732-458-2424</u>	PHONE: <u>732-458-2424</u>
C.H.:	LIC.#: <u>4819</u>
EXPIRATION DATE:	LIC. EXPIRATION DATE: <u>8/1/92</u>
FEDERAL EMP.# (or S.S.#):	FEDERAL EMP.# (or S.S.#): <u>22-201 0041</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
IO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
☐ Water Closet ☐ Urinal / Bidet ☐ Bath Tub ☐ Lavatory ☐ Shower ☐ Floor Drain ☐ Sink ☐ Dishwasher ☐ Drinking Fountain ☐ Washing Machine ☐ Hose Bibb ☐ Gas Piping ☒ Fuel Oil Piping ☒ Water Heater ☐ Steam Boiler ☐ Hot Water Boiler ☐ Sewer Pump ☐ Interceptor / Separator ☐ Backflow Preventer ☐ Greasetrap ☐ Water Cooled AC or Refrig. Unit ☐ Sewer Connection ☐ Septic (Disposal System) Closure ☐ Water Service Connection ☐ Gas Service Connection ☐ Active Solar System ☐ Vent Through Roof ☐ Other	<u>Replacing two existing 70 gal water heaters</u> UNAPPROVED
	TYPE OF WORK
	☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other:
	☐ Fence: Height (6' or More) ☐ Sign: Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed: CONSTR. CLASS Present: Proposed: No. of Stories: Height of Structure: Area - Largest Floor: New Building Area / All Floors: Volume of Structure: Total Land Disturbed: Signature:
Estimated Cost of Plumbing Work: <u>\$X</u>	Estimated Cost of Building Work:
Signature:	New Building (0): \$
per ☐ Contractor ☐	Alteration (2): \$
3-CODE APPROVAL:	TOTAL (1+2): \$
PLANS: Required ☐ Approved ☐	SUBCODE APPROVAL:
Approved by:	PLANS: Required ☐ Approved ☐
CONTRACTOR AFFIX SEAL:	Approved by:
<u>with a. det</u>	

ELECTRICAL SUBCODE			FIRE SUBCODE		
CONTRACTOR:			CONTRACTOR:		
ADDRESS:			ADDRESS:		
PHONE:			PHONE:		
LIC. #:		EXP. DATE:	LIC. #:		EXP. DATE:
FEDERAL EMPL. # (or S.S. #):			FEDERAL EMPL. # (or S.S. #):		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles					
Motors - Fract. HP			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Emergency & Exit Lights			Heating Sys: ☐ New ☐ Existing		
Communications Points			Location of Furnace / Boiler		
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW	Flammable Liquid Storage Tanks Capacity: _____		
KW Dishwasher		KW	Combustible Liquid Storage Tanks Capacity: _____		
HP Garbage Disposal		HP	L.G.P. Storage Tanks Capacity: _____		
KW Central A/C Unit		KW	DESCRIPTION		
HP/KW Space Heater/Air Handler		HP/KW	NUMBER		
KW Baseboard Heat		KW	Wet Sprinkler Heads		
HP Motors 1/4 HP		HP	Dry Sprinkler Heads		
KW Transformer/Generator		KW	Total		
AMP Service		AMP	Smoke Detectors		
AMP Subpanels		AMP	Heat Detectors		
AMP Motor Control Center		AMP	Total		
AMP Elec. Sign/Outline Light		KW	Strand Pipes		
Other			Kitchen Hood Exhaust Systems		
Other			Pre-Engineered Systems		
Other			Co2 Suppression		
Other			Halon Suppression		
Estimated Cost of Electrical Work: \$			Foam Suppression		
Signature (print name):			Dry Chemical		
Estimated Cost of Electrical Work: \$			Wet Chemical		
Signature (print name):			Gas or Oil Fired Appliance		
Owner ☐ Contractor ☐			Other		
SUBCODE APPROVAL:			Other		
PLANS: Required ☐ Approved ☐			Estimated Cost of Fire Protection Work: \$		
Approved by:			Signature:		
Date:			Owner ☐ Contractor ☐		
CONTRACTOR AFFIX SEAL:			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		