



# Township of Parsippany-Troy Hills

ELECTRICAL SUBCODE				FIRE PROTECTION SUBCODE			
Email Address:				Email Address:			
Contractor:				Contractor:			
Address:				Address:			
Phone No:				Phone No:			
License No.:		Exp. Date:		License No.:		Exp. Date:	
Home Improvement Contractors Reg. No.:				Home Improvement Contractors Reg. No.:			
Federal Employee ID No./SS No.:				Federal Employee ID No./SS No.:			
TECHNICAL SITE DATA (LIST ALL FIXTURES)				TECHNICAL SITE DATA (DESCRIPTION OF WORK)			
DESCRIPTION	NUMBER	SIZE					
Light Fixtures							
Receptacles							
Switches							
Smoke Detectors							
Light Poles							
Motors-Fract. HP			HP	Alarm Supervision:      Central <input type="checkbox"/> Proprietary <input type="checkbox"/>			
Emergency/Exit Lights				LPG/ LNG Tanks		Capacity:	Fuel:
Communication Points				Flammable/Combustible Tanks		Capacity:	Fuel:
Alarm Devices/FAC Panel							<b>NUMBER</b>
Pool w/UW Lights				<b>ALARM SYSTEMS</b>			
Pool/Spa/Hot Tub				<input type="checkbox"/> System			
Range/Receptacle			KW	<input type="checkbox"/> 110V Interconnected			
Oven/Surface Unit			KW	<input type="checkbox"/> CO Detectors/110v			
Water Heater			KW	Alarm Devices (i.e., smoke, heat, pulls, water flow)			
Dryer/Receptacle			KW	Supervisory Devices (i.e., tampers, low/high air)			
Dishwasher			KW	Signaling Devices (i.e., horns/strobes, bells)			
Garbage Disposal			HP	Other Devices:			
Central Air Conditioning			KW	TOTAL			
Space Heater/Air Handler			HP/KW	<b>SUPPRESSION SYSTEMS</b>			
Baseboard Heat			KW	Fire Pump	GPM Type		
Motors 1+ HP			HP	Dry Pipe/Alarm Valves			
Transformer			KW	Pre-action Valves			
Generator				Sprinkler Heads (Dry and Wet)			
Service			AMP	Standpipes			
Subpanel			AMP	<b>PRE-ENGINEERED SYSTEMS</b>			
Motor Control Center			AMP	Wet Chemical			
Signs			KW	Dry Chemical			
Pool Bonding				CO2 Suppression			
Heat Pumps				Foam Suppression			
Burglar Alarms				FM-200 Suppression			
Change of Contractor				Other:			
Other:				<b>OTHER SYSTEMS:</b>			
Other:				Kitchen Hood Exhaust System			
Other:				Smoke Control System			
Other:				Fuel Fired Appliances    Gas <input type="checkbox"/> or    Oil <input type="checkbox"/>			
Other:				Fireplace Venting/Metal Chimney			
Estimated Cost of Electrical Work: \$				Change of Contractor			
Applicant Signature :				Other:			
Owner <input type="checkbox"/> Contractor <input type="checkbox"/>				Other:			
<b>SUBCODE APPROVAL:</b>				Other:			
PLANS:                      Required <input type="checkbox"/>		Approved <input type="checkbox"/>		Estimated Cost of Fire Protection Work: \$			
Approved by:			Date:	Applicant Signature:			
<b>CONTRACTOR AFFIX SEAL:</b>				Owner <input type="checkbox"/> Contractor <input type="checkbox"/>			
				<b>SUBCODE APPROVAL:</b>			
PLANS:                      Required <input type="checkbox"/>		Approved <input type="checkbox"/>					
Approved by:			Date:				