



COUNTER FORM

Complete, Sign and Return. (Please Print or Type)

Borough of Roseland

Block _____ Lot _____ Date Received _____

Construction Code Enforcement Site Location _____ Date Issued _____

300 Eagle Rock Avenue Owner of Fee _____ Control # _____

Roseland, New Jersey 07068 Address _____ Permit # _____

973-226-6565 Fax 973-226-8520 State _____ Zip Code _____ Phone # (____) _____

ELECTRICAL INSPECTION

Contractor _____
Address _____

Phone (____) _____

Lic # _____ expiration date: _____

Federal Emp. No. _____

Technical Site Data (List All Fixtures)

Item	No.	Size	Item	No.	Size
Light Fixtures	_____		Water Heater	_____	KW
Receptacles	_____		Elec. Dryer	_____	KW
Switches	_____		Dishwasher	_____	KW
Detectors	_____		Garbage Displ.	_____	HP
Light Poles	_____		Cent. A/C Unit	_____	KW
Motors -Fract.HP	_____		Space Heater	_____	HP
Emer. & Exit Lts.	_____		Air Handler	_____	KW
Commun. Points	_____		Basebrd. Heat	_____	KW
Alarm Dvcs/Panel	_____		Motors 1/+ HP	_____	HP
			Trans. / Gen.	_____	KW
TOTAL NO.	_____		Service	_____	AMP
Pool w/UW Lights	_____		Subpanels	_____	AMP
Storable Pool / Spa / or Hot Tub	_____		Motor Control Center	_____	AMP
Elec. Range (KW)	_____		Elec. Sign	_____	KW
Elec. Oven /	_____		Other	_____	
Surface Unit (KW)	_____		Other	_____	

Estimated Cost of Electrical Work \$ _____

SIGNATURE _____

Owner [] Licensed Electrical Contractor []

SUBCODE:

Plans: Required () _____

Approved () SUBCODE SIGNATURE _____

Date: _____

CONTRACTOR AFFIX SEAL >

FIRE INSPECTION

Contractor _____
Address _____

Phone (____) _____

Lic # _____ expiration date: _____

Federal Emp. No. _____

Technical Site Data (Description of Work)

Heating System

[] New [] Existing [] HVAC
Type: [] gas, [] oil, [] electric, [] solar, [] other
Location: _____

Fire Alarm System

[] New [] Existing--Location of Panel _____

Fire Suppression / Standpipe System

[] New [] Existing--Location Main Valve _____

Storage Tanks

Type: [] Flam. Liquid [] Combust. Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110V Interconnected NUMBER
[] System

Alarm Devices (i.e., smoke, heat, pulls,
water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horn/strobe, bells) _____

TOTAL _____

Suppression Systems

[] Fire Pump [] GPM Type _____

Dry Pipe/Alarm Valve _____ Pre-action Valve _____

Sprinkler(Dry&Wet) _____ Standpipes _____

Pre-Engineered Systems

Wet Chem _____ Dry Chem _____ CO2 Supp _____

Foam _____ Halon _____ Other _____

Kitchen Hood Exhaust Systems _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

Estimated Cost of Fire Protection \$ _____

SIGNATURE _____

Owner [] Licensed Contractor []

SUBCODE:

Plans: Required () _____

Approved () SUBCODE SIGNATURE _____

Date: _____