



FIRE PROTECTION SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: New OR Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: New OR Existing HVAC Fire Suppression/Standpipe System:

Type: Gas Oil Electric Solar New OR Existing

Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: Flammable OR Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)	INSPECTIONS		Dates (Month/Day)		
	Type:	Failure	Failure	Approval	Initial
PLAN REVIEW	Alarm System	_____	_____	_____	_____
<input type="checkbox"/> No Plans Required	Suppression Sys.	_____	_____	_____	_____
Joint Plan Review Required:	Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Fire Pump	_____	_____	_____	_____
<input type="checkbox"/> Electric <input type="checkbox"/> Elevator	Pre-Eng. System	_____	_____	_____	_____
<input type="checkbox"/> Fire Plans Approved	Mechanical	_____	_____	_____	_____
Date: _____	Smoke Control	_____	_____	_____	_____
Approved by: _____	TCO	_____	_____	_____	_____
SUBCODE APPROVAL	Flam/Combust Tanks	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Fireplace Venting	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: _____	Other	_____	_____	_____	_____



Date Received

Control #

Date Issued

Permit #

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.

Applicant's Signature/Contractor's Signature

Certified Contractor

Exempt Applicant

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:**

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems		
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices _____	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances <input type="checkbox"/> Gas or <input type="checkbox"/> Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____