



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
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. _____

Certified Contractor Exempt Applicant
Applicant's Signature/Contractor's Signature

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	_____	_____
Fire 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 \$ _____