

Work Site Location

Block

Lot

Qualification Code

Owner in Fee:

Tel. (_

e-mail

FIRE PROTECTION SUBCODE



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

TI SP	TOTAL FEE S			
3e 4	State Permit Surcharge Fee \$		lby:	Approved by:
() ()			Other	Date:
	Minimum Fee		[] CO [] CA Final	00 []
ge \$	Administrative Surcharge		SUBCODE APPROVAL for CERTIFICATE Fileplace Verling	SUBCOL
		Other		Approved by:
The state of the s	1еу	Fireplace Venting/Metal Chimney	Floor Contract Took	Date: -
	[] Oil [] Solid	Fuel-Fired Appliances [] Gas [] Oil [] Solid	SUBCODE APPROVAL for PERMIT TCO TCO	SUBCOL
		Smoke Control System	Joug. [Jenec. [Jenumo. [] Elev.	L J biog.
		Kitchen Hood Exhaust System		Jollit Flai
		ارق		Date:
		Other	Annual Lin Fire Pump	7
		FM200 Suppression	1 Fire Protection Plans Approved Standpipe	Fire
		Foam Suppression	Approved by: Suppression Sys.	Date:
		CO ₂ Suppression] Partial -Underslab Utilities Approved	[] Parti
		Dry Chemical .		[] No F
		D. Chamisal	Tyne: Failure	PLAN REVIEW
		Wet Chemical	JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)	JOB SUI
		Pre-engineered Systems		
		Standpipes	Total Cost of Fire Protection Work \$	Total Cost
		Sprinkler Heads (Dry and Wet)	Location of Main Control Valve:	Location:
	ĺ	Pre-action Valves	Other []New OR []Existing	
		Dry Fipe/Alarm valves	I J Gas []Oil [] Electric [] Solar Fire Suppression/Standpipe System:	Fuel Type: [
		D:: D:: /Ala:: //ala:: /	ON L COMPONION ON L TECHNISON ON	1
		Fire Pump GPM Type	sion OR Replacement Location of Panel	
		Suppression Systems	Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing	Heating Sy
				Constr. Ci
				000 0100
	robes, bells)	Signaling Devices (i.e., horn/strobes, bells)	Proposed Fuel Storage Tank:	llee Group.
	rs, low/high air)	Supervisory Devices (i.e., tampers, low/high air)	B. FIRE PROTECTION CHARACTERISTICS	B. FIRE PF
		water/flow)	rp. ID No	Federal Emp. ID No.
	at, pulls,	Alarm Devices (i.e., smoke, heat, pulls,	Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	Home Imp
		[] CO Detectors/110v	Fire Alarm Contractor No Exp. Date	Fire Alarm
		[] 110v Interconnected	t, No Div of the Salety Histalier no	1 10 1 10100
		[] System	ion Equipment NI Div of Eire Safety Installer No	Eiro Drotoc
6	j	Alarm Systems	Fire Protection Equipment, NJ Div of Fire Safety Permit No.	Fire Protec
FEE (Office Use Only)	NUMBER	Elammable/Combustible Tanks		
	oyatem oupervision	Medica of Clariff and biggs of Charles and	e-mail	Address
	System Supervision	Mothod of Alarm/Suppression	Tel. ()	Contractor:
		Water Simply Source	street municipality zip code	
		DESCRIPTION OF WORK:		Address

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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 sign/Contractor sign and seal here:

Print name here:

D. TECHNICAL SITE DATA

Certified Contractor

Exempt Applicant

NUMBER FEE (Office L	of Alarm/Suppression System Supervision
(Office Use Only)	

\$	Minimum Fee \$	
Φ \$	Administrative Surcharge \$	Administrat
		Venting/Metal Chimney
	<u>a</u>	d Appliances [] Gas [] Oil [] Solid
		ontrol System
		Hood Exhaust System
		tome
		uppression
		ppression
		pression
		nical
		mical
		neered Systems
		88
		Heads (Dry and Wet)
		n Valves
	ĺ	Alarm Valves
		p GPM Type
		ion Systems
		vices
	ĺ	Devices (i.e., horn/strobes, bells)
	Ĩ	ory Devices (i.e., tampers, low/high air)
		5
		vices (i.e., smoke, heat, pulls,
		v Interconnected
		tem
		stems
(A		e/Combustible Tanks
FEE (Office Use Only)	NUMBER	