



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: _____

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. () _____ e-mail _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ **Fuel Storage Tank:** _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible Capacity _____

Heating System: [] New or [] Modification to Existing **Fire Alarm System:** [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar **Fire Suppression/Standpipe System:** [] New or [] Existing
Other _____ [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required **INSPECTIONS** Type: _____ Failure _____ Approval _____ Initial _____

[] Partial -Underslab Utilities Approved Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

[] Fire Protection Plans Approved Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. Mechanical _____

SUBCODE APPROVAL for PERMIT Smoke Control _____

Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE Fireplace Venting _____

[] CO [] CCO [] CA Final _____

Date: _____ Other _____

Approved by: _____

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

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

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

Supervisory Devices (i.e., tamper, 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____