



# 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 \_\_\_\_\_

Contractor: \_\_\_\_\_

Address \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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

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: \_\_\_\_\_

[ ] Other \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW:	Type:	Failure	Approval	Initial	
[ ] No Plans Required	Alarm System	_____	_____	_____	_____
[ ] Partial -Under-slab Utilities Approved	Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____	_____	_____
[ ] Fire Protection Plans Approved	Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____	_____	_____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____	Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	Other	_____	_____	_____	_____
Date: _____					
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/Contractor sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Certified Contractor [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

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., lamps, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horns/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<sub>2</sub> 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 \_\_\_\_\_

Date Received \_\_\_\_\_

Control # \_\_\_\_\_

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

NUMBER FEE (Office Use Only) \$ \_\_\_\_\_

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