



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 _____

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 (if applicable): _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Federal Emp. ID No. _____ Fire Alarm System: New or Existing

Use Group: Present _____ Proposed _____ Location of Panel: _____

Constr. Class: Present _____ Proposed _____ Fire Suppression/Standpipe System:

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: _____ Capacity _____

Fuel Type: Flammable or Combustible

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required

Building Plumbing

Electric Elevator

Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Date: (Month/Day) _____ Initial _____

Alarm System _____

Suppression Sys _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

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

Date Received
Control #

Date Issued
Permit #

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, waterflow) _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances Gas or Oil _____

Fireplace Venting/Metal Chimney _____

Other _____

NUMBER

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____