



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 _____

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: _____ Capacity _____
Fuel Type: [] Flammable [] Combustible
Total Cost of Fire Protection Work: \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
[] No Plans Required	Alarm System	_____	_____
[] Building [] Plumbing	Suppression Sys.	_____	_____
[] Electric [] Elevator	Standpipe	_____	_____
[] Fire Plans Approved	Fire Pump	_____	_____
Date: _____	Pre-Eng. System	_____	_____
Approved by: _____	Mechanical	_____	_____
SUBCODE APPROVAL	Smoke Control	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____
Approved by: _____	Fireplace Venting	_____	_____
	Final	_____	_____
	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 Applicant's Signature/Contractor's Signature
[] 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 _____

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 _____

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