

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 ______

					Other		
					Final	Approved by:	_
Other					Fireplace Venting		_
Fireplace Vo				S	Flam/Combust Tanks] co [] co [] cA	
Fired Applia					TCO	SUBCODE APPROVAL	10
Smoke Con					Smoke Control	Approved by:	_
Kitchen Hoc					Mechanical	Date:	_
Other Syste					Pre-Eng. System] Fire Plans Approved	
Other					Fire Pump] Electric [] Elevator	
EM200 Supr					Standpipe] Building [] Plumbing	_
Foam Suppl					Suppression sys.	Joint Plan Review Required:	,
CO Suppre					Audilli oysteiii	No Plans Required	_
Dry Chemica	muai	Approval	rallure	rallure	Nom Sustan	PLAN REVIEW	-
Pre-enginee Wet Chemic		onth/Day)	Dates (Month/Day)		INSPECTIONS	JOB SUMMARY (Office Use Only)	
Standpipes						Total Cost of Fire Protection Wc '\ \$] =
Sprinkler He					ustible Capacity	rue Type: [] Flammable on [] Combustible	
Pre-action V							-
Dry Pipe/Ala						Location:	7 5
Fire Pump _		alve:	Location of Main Control Valve:	ion of Mai	Locati	l J Omer	-
Suppression		L J Existing		JNew OR	[] ooldi	i john Jenecuic	-
TOTAL			1				1
Other Device		System:	Fire Suppression/Standpipe System:	uppression	HVAC Fire Su	Heating System: New OR Texisting	He
Signaling De			9	Location of Panel:		Constr. Class: Present Proposed	Co
Supervisory	Existing	V OR [] Existing	Fire Alarm System: New	arm Syste		Use Group: Present Proposed	S
water/flow)						OTECTION CHARACTER	
Alarm Devic						Federal Emp. No.	Te
1 00 li						Fire Alarm Contractor No.	=
[] System					ty Installer No	Fire Protection Equipment, NJ Div of Fire Safety Installer No	=
Alarm Syste							!
Flammable/C					ty Permit No	Fire Protection Equipment N.I Div of Fire Safety Permit No	11
!					FAX (Tel
Memon of A							
Matheway of A						Address	Ad
Water Suppl						Contractor	Co
							Tel
						Address	Ad
D. TECHNIC						Owner in Fee	Q
[] Certifie							
to make this a						Site Location	V
the make this			Qualification Code	Qualifica		ckLot	Block

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

TOTAL FEE \$



Date Received Control #

Date Issued Permit #

C. CERTIFICATION IN LIEU OF OATH

o make unis application	hereby certify that I am the (agent of) owner of record and am authorized	
plication	that I an	
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	(agent	
	9	
	owner	
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	ecord	
	and	
	am	
	authorized	

	TOTAL SAME TOTAL STATE OF THE S	Tion of Alaimouphicas
	had of Alarm/Suppression System Supervision	had of Alarm/Suppress
		ter supply source
		San
		SCRIPTION OF WORK:
		TECHNICAL SITE DATA
olicant	[] Exempt Applicant] Certified Contractor
ctor's Signature	Applicant's Signature/Contractor's Signature	
)		

e &	Surcharge Fe	State Permit Surcharge Fee \$
e &	Minimum Fee	
je \$	Administrative Surcharge \$	Administra
		Other
	-	Fireplace Venting/Metal Chimney
		Fired Appliances [] Gas or [] Oil
		Smoke Control System
		Other Systems Kitchen Hood Exhaust System
		Other
		FM200 Suppression
		Foam Suppression
		CO ₂ Suppression
		Dry Chemical
		Wet Chemical
		Pre-engineered Systems
		Standpipes
		Sprinkler Heads (Dry and Wet)
		Pre-action Valves
		Dry Pipe/Alarm Valves
		Fire Pump GPM Type
		Suppression Systems
		TOTAL
		Other Devices
		Signaling Devices (i.e., horn/strobes, bells)
		Supervisory Devices (i.e., tampers, low/high air)
		water/flow)
		Alarm Devices (i.e., smoke, heat, pulls,
		CO Detectors/110v
		System
		Alarm Systems
		Flammable/Combustible Tanks
FEE (Office Use Only)	NUMBER	