



# 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 \_\_\_\_\_ Tel \_\_\_\_\_ ZIP code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Fire Protection Equipment: NJ Div of Fire Safety Permit 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  
Capacity \_\_\_\_\_

Heating System: [ ] New OR [ ] Modification to Existing Fire Alarm System: [ ] New OR [ ] Existing  
OR [ ] Conversion OR [ ] Replacement Location of Panel: \_\_\_\_\_  
Fire Suppressor/Standpipe System: [ ] New OR [ ] Existing

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Location of Main Control Valve: \_\_\_\_\_  
[ ] Other \_\_\_\_\_

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

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
[ ] No Plans Required	Alarm System		
[ ] Partial - Underslab 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: \_\_\_\_\_

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., tampers, 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 \_\_\_\_\_

NUMBER	FEE (Office Use Only)
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_