



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. (_____) _____

Address _____ 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): _____

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 Capacity _____

OR [] Conversion OR [] Replacement **Fire Alarm System:** [] New OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Other _____ **Fire Suppression/Standpipe System:**

Location: _____ [] New OR [] Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

[] Fire Protection Plans Approved

Date: _____ Reviewed by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elev.

Date: _____ Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date: _____

Released by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Released by: _____

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other _____

Dates (Month/Day)

Failure

Failure

Approval

Initial

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/ Licensed Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] Low Voltage System		
[] 110v System		
Initiating Devices	_____	
Notification Appliances	_____	
Other Devices	_____	
TOTAL	_____	
Suppression Systems		
Dedicated Fire Service		
Fire Pump _____ GPM Type _____	_____	
Dry Pipe/Alarm/Pre-action/Deluge Valves	_____	
Sprinkler Heads	_____	
Standpipes	_____	
Pre-engineered Systems		
Dry/Wet Chemical	_____	
CO ₂ Suppression	_____	
Foam Suppression	_____	
Clean Agent Suppression	_____	
Portable Fire Extinguishers	_____	
Other	_____	
Other Systems		
Kitchen Hood Exhaust System	_____	
Smoke Control System	_____	
Hazardous Exhaust	_____	
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	
Fireplace Venting/Metal Chimney	_____	
Exit Signs	_____	
ERCC system	_____	
Other	_____	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____