



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 _____

Address _____ street _____ municipality _____ zip code _____

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

Total Cost of Fire Protection Work \$ _____ Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlaid 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: _____

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pipe 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: _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA [] Certified/ Licensed Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision

NUMBER

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 _____

CO₂ 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 \$ _____