



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 _____

Location: _____ **Fire Suppression/Standpipe System:**
 New OR Existing Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Understab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved		Standpipe	_____	_____	_____	_____
Date: _____	Reviewed by: _____	Fire Pump	_____	_____	_____	_____
Joint Plan Review Required:		Pre Eng. System	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.		Mechanical	_____	_____	_____	_____
Date: _____	Reviewed by: _____	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____	_____
Released by: _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Other _____	_____	_____	_____	_____
Date: _____						

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.

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	_____
<input type="checkbox"/> Low Voltage System	_____
<input type="checkbox"/> 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 Suppresion	_____
Portable Fire Extinguishers	_____
Other _____	_____
Other Systems	_____
Kitchen Hood Exhaust System	_____
Smoke Control System	_____
Hazardous Exhaust	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	_____
Fireplace Venting/Metal Chimney	_____
Exit Signs	_____
ERCC system	_____
Other _____	_____
Administrative Surcharge \$ _____	_____
Minimum Fee \$ _____	_____
State Permit Surcharge Fee \$ _____	_____
TOTAL FEE \$ _____	_____