



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received Control #

Date Issued Permit #

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

Constr. Class: Present Proposed

Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar Other

Location:

Total Cost of Fire Protection Work \$

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Fire Alarm System: [] New OR [] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve:

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's Signature/Contractor's Signature [] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only). Rows include: Flammable/Combustible Tanks, Alarm Systems, Alarm Devices, Supervisory Devices, Signaling Devices, Other Devices, TOTAL, Suppression Systems, Fire Pump, Dry Pipe/Alarm Valves, Pre-action Valves, Sprinkler Heads, Standpipes, Pre-engineered Systems, Wet Chemical, Dry Chemical, CO2 Suppression, Foam Suppression, FM200 Suppression, Other, Other Systems, Kitchen Hood Exhaust System, Smoke Control System, Fuel-Fired Appliances, Fireplace Venting/Metal Chimney, Other.

JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required [] Partial -Underslab Utilities Approved Date: Approved by: [] Fire Protection Plans Approved Date: Approved by: Joint Plan Review Required: [] Bldg. [] Elec. [] Plumb. [] Elev. SUBCODE APPROVAL for PERMIT Date: Approved by: SUBCODE APPROVAL for CERTIFICATE [] CO [] CCO [] CA Date: Approved by: INSPECTIONS Type: Failure Failure Approval Initial Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Flam/Combust Tanks Fireplace Venting Final Other

Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$