



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: _____ e-mail _____
Tel. (_____) _____

Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel. (_____) _____ e-mail _____

Address _____ e-mail _____
Tel. (_____) _____

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 _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
Location: _____ Location of Main Control Valve: _____
Fuel Storage Tank: _____ Capacity _____
Fuel Type: [] Flammable or [] Combustible

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
	Type:	Failure	Approval
[] No Plans Required	Alarm System		
Joint Plan Review Required:	Suppression Sys.		
[] Building [] Plumbing	Standpipe		
[] Electric [] Elevator	Fire Pump		
[] Fire Plans Approved	Pre-Eng. System		
Date: _____	Mechanical		
Approved by: _____	Smoke Control		
SUBCODE APPROVAL	TCO		
[] CO [] CCO [] CA	Flam/Combust Tanks		
Date: _____	Fireplace Venting		
Approved by: _____	Final		
	Other		

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

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

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____
NUMBER _____ FEE (Office Use Only) _____

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 _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____
Other _____

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