



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 _____ zip code _____
Contractor: _____ municipality _____ 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:**
Fuel Type: Flammable or Combustible
Constr. Class: Present _____ Proposed _____ Capacity _____
Heating System: New OR Modification to Existing **Fire Alarm System:** New OR Existing
OR Conversion OR Replacement Location of Panel: _____
Fuel Type: Gas Oil Electric Solar **Fire Suppression/Standpipe System:**
_____ New OR Existing
Other _____ Location of Main Control Valve: _____
Location: _____

Total Cost of Fire Protection Work \$ _____

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

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: _____
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER _____

| Flammable/Combustible Tanks | Alarm Systems | Supervisory Devices (i.e., tampers, low/high air) | Signaling Devices (i.e., horns/strobes, bells) | Other Devices | TOTAL | FEE (Office Use Only) |
|--|--|---|--|---------------|-------|-----------------------|
| <input type="checkbox"/> System | <input type="checkbox"/> 110v Interconnected | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> CO Detectors/110v | _____ | _____ | _____ | _____ | _____ | _____ |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | _____ | _____ | _____ | _____ | _____ | _____ |
| 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 | _____ | _____ | _____ | _____ | _____ | _____ |
| CO ₂ Suppression | _____ | _____ | _____ | _____ | _____ | _____ |
| Foam Suppression | _____ | _____ | _____ | _____ | _____ | _____ |
| FM200 Suppression | _____ | _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other Systems | Kitchen Hood Exhaust System | _____ | _____ | _____ | _____ | _____ |
| Smoke Control System | _____ | _____ | _____ | _____ | _____ | _____ |
| Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid | _____ | _____ | _____ | _____ | _____ | _____ |
| Fireplace Venting/Metal Chimney | _____ | _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Administrative Surcharge \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| Minimum Fee \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| State Permit Surcharge Fee \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL FEE \$ | _____ | _____ | _____ | _____ | _____ | _____ |