



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

Address

Tel. ()

Contractor

Address

Tel. () FAX ()

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

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

[] Other Location of Main Control Value:

Location:

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Total Cost of Fire Protection Work \$

Table with columns: JOB SUMMARY (Office Use Only), INSPECTIONS, Dates (Month/Day). Rows include PLAN REVIEW, SUBCODE APPROVAL, and various inspection types like Alarm System, Suppression Sys., Standpipe, etc.

C. CERTIFICATION IN LIEU OF OATH

I herby certify that I am (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, Suppression Systems, Pre-engineered Systems, and Other Systems.

Table for fees: Administrative Surcharge \$, Minimum Fee \$, State Permit Surcharge Fee \$, TOTAL FEE \$