

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		C. CERTIFICATION IN LIEU OF OATH I herby certify that I am (agent of) owner of record and am authorized		
Block Lot Qualification Code Work Site Location		to make this application	plicant's Signature/Contrac	
		Certified Contractor [] Exempt Applicant		
		D. TECHNICAL SITE DATA DESCRIPTION OF WORK:		
Address		DESCRIPTION OF WORK.		
		Water Summly Source		
Contractor		Water Supply Source		
		Method of Alarm/Suppression		I
		E	NUMBER	FEE (Office Use Only)
Tel. ()	FAX ()	Flammable/Combustible Tanks Alarm Systems		
Fire Protection Equipment, NJ Div of Fire	e Safety Permit No.	[] System		
	e Safety Installer No.	[] 110v Interconnected		
Fire Alarm Contractor No.		[] CO Detectors/110v		
Federal Emp. No.		Alarm Devices (i.e., smoke, hea	at, pulls	
B. FIRE PROTECTION CHARACTERIS	STICS	water/flow) Supervisory Devices (i.e., tampe	ore low/high air\	
	osed Fire Alarm System: [] New OR [] Existing		- ·	
Constr. Class: Present Proposed Location of Panel:		Signaling Devices (i.e., horn/str Other Devices		
Heating System:[] New OR [] Exist	ing []HVAC Fire Suppression/Standpipe System:	TOTAL		
	tric []Solar []New OR []Existing	Suppression Systems		
	Location of Main Control Value:	Fire Pump GPM Type	e	
Location:		Dry Pipe/Alarm Valves		
Fuel Storage Tank:		Pre-action Valves		
•	Combustible Capacity	Sprinkler Heads (Dry and Wet) Standpipes		
Total Cost of Fire Protection Work \$_		Pre-engineered Systems Wet Chemical		
JOB SUMMARY (Office Use Only)	INSPECTIONS Dates (Month/Day)	Dry Chemical		
PLAN REVIEW	Type: Failure Failure Approval Initial	CO₂ Suppression		
[] No Plans Required	Alarm System	Foam Suppression	-1,-1,	
Joint Plan Review Required:		FM200 Suppression	** * * * * * * * * * * * * * * * * * *	
[] Building [] Plumbing		Other Other Systems		
[] Electric [] Elevator		Kitchen Hood Exhaust System		
[] Fire Plans Approved	Fire Pump	Smoke Control System		
Date:	Pre-Eng. System	Fired Appliances [] Gas or [] Oil		
Date:		Fireplace Venting/Metal Chimney		
	TCO	Other		
SUBCODE APPROVAL	Flam/Combust Tanks		Administrative Surcharge	\$
[]CO []CCO []CA			Minimum Fee	\$
Date:	Final	Si	tate Permit Surcharge Fee	\$
Approved by:	O4h]	TOTAL FEE	\$
	Other		IOIALILL	- φ