



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 _____ 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 _____ **Fuel Storage Tank:** _____

Constr. Class: Present _____ Proposed _____ **Fuel Type:** [] Flammable OR [] Combustible

Heating System: [] New OR [] Modification to Existing Capacity _____

OR [] Conversion OR [] Replacement **Fire Alarm System:** [] New OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____
Other _____

Location: _____ **Fire Suppression/Standpipe System:** _____
[] New OR [] Existing Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

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

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: _____

D. TECHNICAL SITE DATA [] Certified/ Licensed Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		\$ _____
Alarm Systems		
[] Low Voltage System		
[] 110v System		
Initiating Devices		
Notification Appliances		
Other Devices _____		
TOTAL		
Suppression Systems		
Dedicated Fire Service		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm/Pre-action/Deluge Valves		
Sprinkler Heads		
Standpipes		
Pre-engineered Systems		
Dry/Wet Chemical		
CO ₂ Suppression		
Foam Suppression		
Clean Agent Suppression		
Portable Fire Extinguishers		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Hazardous Exhaust		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Exit Signs		
ERCC system		
Other _____		

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____