



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 _____ **Fire Suppression/Standpipe System:**

Location: _____ ☐ 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	Initial
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved		Standpipe	_____	_____	_____	_____
Date: _____ Reviewed by: _____		Fire Pump	_____	_____	_____	_____
Joint Plan Review Required:		Pre Eng. System	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> 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	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Other _____	_____	_____	_____	_____
Date: _____						

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		
<input type="checkbox"/> Low Voltage System		
<input type="checkbox"/> 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 <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	_____	
Fireplace Venting/Metal Chimney	_____	
Exit Signs	_____	
ERCC system	_____	
Other _____	_____	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____