



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: _____

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 _____

Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
Other _____

Location: _____

Total Cost of Fire Protection Work \$ _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible
Capacity _____

Fire Alarm System: [] New OR [] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing
Location of Main Control Valve: _____

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 sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

[] Certified 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		
[] System	_____	
[] 110v Interconnected	_____	
[] CO Detectors/110v	_____	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	
Supervisory Devices (i.e., tampers, low/high air)	_____	
Signaling Devices (i.e., horn/strobes, bells)	_____	
Other Devices _____	_____	
TOTAL	_____	
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 [] Gas [] Oil [] Solid	_____	
Fireplace Venting/Metal Chimney	_____	
Other _____	_____	

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

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____