



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. _____ e-mail _____

Address _____ e-mail _____

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____ Exp. Date _____

Fire Alarm Contractor No. _____ Home Improvement Contractor Registration No. or Exemption Reason _____ FAX: _____

Federal Emp. ID No. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____

Location: _____ Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required: _____ Pre-Eng. System _____
[] Bldg. [] Elec. [] Plumb. [] Elev. Mechanical _____
SUBCODE APPROVAL for PERMIT Smoke Control _____
Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____
SUBCODE APPROVAL for CERTIFICATE Fireplace Venting _____
[] CO [] CCO [] CA Final _____
Date: _____ Other _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____
Alarm System _____
Suppression Sys. _____
Standpipe _____
Fire Pump _____
Pre-Eng. System _____
Mechanical _____
Smoke Control _____
TCO _____
Flam/Combust Tanks _____
Fireplace Venting _____
Final _____
Other _____

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: _____
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, 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 _____
CO₂ 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 _____

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