



# 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:

Fuel Type:  Flammable OR  Combustible Capacity \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Fire Alarm System:  New OR  Existing

Location of Panel: \_\_\_\_\_

Heating System:  New OR  Modification to Existing

OR  Conversion OR  Replacement

### Fire Suppression/Standpipe System:

New OR  Existing

Location of Main Control Valve: \_\_\_\_\_

Fuel Type:  Gas  Oil  Electric  Solar

Other \_\_\_\_\_

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:

Bldg.  Elec.  Plumb.  Elev.

### SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### SUBCODE APPROVAL for CERTIFICATE

CO  CCO  CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## INSPECTIONS

### Dates (Month/Day)

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

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: \_\_\_\_\_

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  | _____                 |
| <input type="checkbox"/> System  | _____                 |
| <input type="checkbox"/> 110v Interconnected   | _____                 |
| <input type="checkbox"/> 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 <sub>2</sub> Suppression  | _____                 |
| Foam Suppression   | _____                 |
| FM200 Suppression  | _____                 |
| Other _____  | _____                 |
| Other Systems  | _____                 |
| Kitchen Hood Exhaust System  | _____                 |
| Smoke Control System   | _____                 |
| Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid | _____                 |
| Fireplace Venting/Metal Chimney  | _____                 |
| Other _____  | _____                 |
| Administrative Surcharge \$ _____  | _____                 |
| Minimum Fee \$ _____   | _____                 |
| State Permit Surcharge Fee \$ _____  | _____                 |
| TOTAL FEE \$ _____   | _____                 |