



# 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  
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 **Fire Suppression/Standpipe System:**  
Other \_\_\_\_\_ [ ] New OR [ ] Existing

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

**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

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 \_\_\_\_\_

## 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 Contractor [ ] Exempt Applicant

### DESCRIPTION OF WORK:

**Water Supply Source** \_\_\_\_\_

**Method of Alarm/Suppression System Supervision** \_\_\_\_\_

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
<b>Alarm Systems</b>		
[ ] 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 _____	_____	
<b>TOTAL</b>	_____	
<b>Suppression Systems</b>		
Fire Pump _____ GPM Type _____	_____	
Dry Pipe/Alarm Valves	_____	
Pre-action Valves	_____	
Sprinkler Heads (Dry and Wet)	_____	
Standpipes	_____	
<b>Pre-engineered Systems</b>		
Wet Chemical	_____	
Dry Chemical	_____	
CO <sub>2</sub> Suppression	_____	
Foam Suppression	_____	
FM200 Suppression	_____	
Other _____	_____	
<b>Other Systems</b>		
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 \$** \_\_\_\_\_