



# 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 \_\_\_\_\_

Contractor: \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. \_\_\_\_\_ zip code \_\_\_\_\_

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 \_\_\_\_\_

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/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>		
<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	_____	_____
<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 <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

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

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
<b>TOTAL FEE \$</b>	_____