



# 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 \_\_\_\_\_ municipally \_\_\_\_\_ 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

**Heating System:** [ ] New OR [ ] Modification to Existing [ ] 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)		INSPECTIONS			
PLAN REVIEW	Dates (Month/Day)	Type:	Failure	Approval	Initial
[ ] No Plans Required		Alarm System			
[ ] Partial-Under-slab 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: _____					

## 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 \_\_\_\_\_ NUMBER \_\_\_\_\_

Alarm Systems \_\_\_\_\_ FEE (Office Use Only) \$ \_\_\_\_\_

[ ] System \_\_\_\_\_

[ ] 110v Interconnected \_\_\_\_\_

[ ] CO Detectors/110v \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pulls, waterflow) \_\_\_\_\_

Supervisory Devices (i.e., tampers, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horns/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 [ ] Gas [ ] Oil [ ] Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_