



# 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. ( \_\_\_\_\_ ) \_\_\_\_\_

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 \_\_\_\_\_ Fire Alarm System:  New or  Existing

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Location of Panel: \_\_\_\_\_

Heating System:  New or  Existing  HVAC Fire Suppression/Standpipe System:

Type:  Gas  Oil  Electric  Solar  New or  Existing

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

Location: \_\_\_\_\_

Fuel Storage Tank

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

Total Cost of Fire Protection Work \$ \_\_\_\_\_

**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's Signature/Contractor's Signature  
 Certified Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA  
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., tamper, 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 _____	_____	_____
Fixed Appliances <input type="checkbox"/> Gas or <input type="checkbox"/> Oil _____	_____	_____
Fireplace Venting/Metal Chimney _____	_____	_____
Other _____	_____	_____

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

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
PLAN REVIEW	Alarm System	_____	_____	_____	_____
<input type="checkbox"/> No Plans Required	Suppression Sys.	_____	_____	_____	_____
Joint Plan Review Required:	Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Fire Pump	_____	_____	_____	_____
<input type="checkbox"/> Electric <input type="checkbox"/> Elevator	Pre-Eng. System	_____	_____	_____	_____
<input type="checkbox"/> Fire Plans Approved	Mechanical	_____	_____	_____	_____
Date: _____	Smoke Control	_____	_____	_____	_____
Approved by: _____	TCO	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>	Flam/Combust Tanks	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Fireplace Venting	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: _____	Other	_____	_____	_____	_____