



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

Heating System: New OR Modification to Existing Capacity _____
OR Conversion OR Replacement **Fire Alarm System:** New OR Existing

Fuel Type: Gas Oil Electric Solar Location of Panel: _____
Other _____ **Fire Suppression/Standpipe System:**

Location: _____ New OR Existing

Total Cost of Fire Protection Work \$ _____

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

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: _____

D. TECHNICAL SITE DATA Certified/ Licensed 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"/> Low Voltage System		
<input type="checkbox"/> 110v System		
Initiating Devices	_____	_____
Notification Appliances	_____	_____
Other Devices _____	_____	_____
TOTAL	_____	_____
Suppression Systems		
Dedicated Fire Service		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm/Pre-action/Deluge Valves	_____	_____
Sprinkler Heads	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Dry/Wet Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
Clean Agent Suppression	_____	_____
Portable Fire Extinguishers	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Hazardous Exhaust	_____	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Exit Signs	_____	_____
ERCC system	_____	_____
Other _____	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____