



# FIRE 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 \_\_\_\_\_ municipally \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_  
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 \_\_\_\_\_  
**Const. Class:** Present \_\_\_\_\_ Proposed \_\_\_\_\_  
**Heating System:**  New **OR**  Modification to Existing  
**OR**  Conversion **OR**  Replacement  
Fuel Type:  Gas  Oil  Electric  Solar  
 Other \_\_\_\_\_

**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: \_\_\_\_\_

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

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required	Alarm System		
<input type="checkbox"/> Partial-Under-slab 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		
<b>SUBCODE APPROVAL for PERMIT</b>	TCO		
Date: _____ Approved by: _____	Flam/Combust Tanks		
<b>SUBCODE APPROVAL for CERTIFICATE</b>	Fireplace Venting		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final		
Date: _____	Other		
Approved by: _____			

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

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 \_\_\_\_\_

NUMBER FEE (Official Use Only)

Flammable/Combustible Tanks \_\_\_\_\_  
Alarm Systems \_\_\_\_\_  
 System  
 110v Interconnected  
 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 \_\_\_\_\_

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 \$	_____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts