



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: _____ 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 _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New **OR** ☐ Modification to Existing
☐ 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	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ 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	_____	_____
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 ₂ 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 _____	_____	_____

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type:	Failure Failure Approval Initial
☐ No Plans Required	Alarm System	_____
☐ Partial -Underslab 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: _____		

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