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 _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New *OR* [ ] Modification to Existing
OR [ ] 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/ 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		
[ ] Low Voltage System		
[ ] 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 Suppresion		
Portable Fire Extinguishers		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Hazardous Exhaust		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Exit Signs		
ERCC system		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
[ ] Fire Protection Plans Approved
Date: _____ Reviewed by: _____
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Plumb [ ] Elev
Date: _____ Reviewed by: _____
SUBCODE APPROVAL for PERMIT
Date: _____
Released by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

U.C.C. F140 (rev. 12/25) 1 White= Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy