



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 _____

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 \$ _____

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

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 sign/Contractor
sign and seal 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	
<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., 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 <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	
Fireplace Venting/Metal Chimney	
Other _____	
Administrative Surcharge \$ _____	
Minimum Fee \$ _____	
State Permit Surcharge Fee \$ _____	
TOTAL FEE \$ _____	

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