

## 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

Plack							
Work Site Location	Qualification Code						
Owner in Fee:							
Tel. ()	e-mail						
Address							
street	municipality zip code						
	Tel. ()						
Address	Idress e-mail						
Fire Protection Equipment, NJ Div of Fire Saf	fety Permit No						
	fety Installer No.						
	Exp. Date						
Home Improvement Contractor Registration N	No. or Exemption Reason (if applicable):						
Federal Emp. ID No.	FAX: ()						
B. FIRE PROTECTION CHARACTERISTICS							
Use Group: Present Propos	sed Fuel Storage Tank:						
Constr. Class: Present Propos	sed Fuel Type: [ ] Flammable or [ ] Combust Capacity						
Heating System: [ ] New OR [ ] Modifica	ation to Existing Fire Alarm System: [ ] New OR [ ] Existi						
OR [ ]Conversion OR [	The state of the s						
Fuel Type: [ ] Gas [ ] Oil [ ] Electi							
Other							
Location:	Location of Main Control Valve:						
Total Cost of Fire Protection Work \$							
JOB SUMMARY (Office Use Only)	INSPECTIONS Dates (Month/Day)						
PLAN REVIEW	Type: Failure Failure Approval Initial						
[ ] No Plans Required [ ] Partial -Underslab Utilities Approved	Alarm System						
Date:Approved by:	Suppression Sys.						
[ ] Fire Protection Plans Approved	Standpipe						
Date:Approved by:	Fire Pump						
JUINI Plan Review Required:	Pre-Eng. System						
Joint Plan Review Required: [ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.							
[ ]Bldg. [ ]Elec. [ ]Plumb. [ ]Elev.	Mechanical Smoke Control						
	Mechanical Smoke Control TCO						
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev. SUBCODE APPROVAL for PERMIT	Mechanical Smoke Control TCO Flam/Combust Tanks						
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev. SUBCODE APPROVAL for PERMIT Date: Approved by: SUBCODE APPROVAL for CERTIFICATE	Mechanical Smoke Control TCO Flam/Combust Tanks Fireplace Venting						
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev. SUBCODE APPROVAL for PERMIT Date:  Approved by:	Mechanical Smoke Control TCO Flam/Combust Tanks						

Date Received Control #

Date Issued Permit #

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~	W Book 1		A R T Proc L Date 5	

I hereby certify that I am the (a	gent of) owner of	record and	am authorized				
to make this application.	Applicant's Signa	ture/Contrac	ctor's Signature				
[ ] Certified Contractor	Applicant's Signature/Contractor's Signature  [ ] Exempt Applicant						
D. TECHNICAL SITE DATA							
DESCRIPTION OF WORK:			÷				
75							
Water Supply Source							
Method of Alarm/Suppression System Supervision							
carea ciritania cappi cocio			FFF (Office Use Only)				
Flammable/Combustible Tanks		NUMBER	FEE (Office Use Only)				
Alarm Systems	5						
[ ] System							
[ ] 110v Interconnected							
[ ] CO Detectors/110v							
Alarm Devices (i.e., smoke, h	eat, pulls,						
water/flow)							
Supervisory Devices (i.e., tamp							
Signaling Devices (i.e., horn/s	The state of the s						
e Other Devices							
TOTAL							
Suppression Systems			466666666666666666666666666666666666666				
Fire Pump GPM Type	e						
Dry Pipe/Alarm Valves			<del>41444444</del> 1				
Pre-action Valves			7 <del>4444444</del>				
Sprinkler Heads (Dry and Wet)							
Standpipes							
Pre-engineered Systems							
Wet Chemical							
Dry Chemical							
CO <sub>2</sub> Suppression							
Foam Suppression							
FM200 Suppression	8						
Other							
Other Systems							
Kitchen Hood Exhaust System	n						
Smoke Control System							
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid							
Fireplace Venting/Metal Chim	ney						
Other							
	Administrative Surcharge \$						
	Minimum Fee \$						
State Permit Surcharge Fee \$							
TOTAL FEE \$ (//////////////////////////////////							