

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.				C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of record and am authorized to make this		
Block Lot		ation Code		application.	i or record and	a am authorized to make this
Work Site Location				Applicant/Contractor sign here:		
Owner in Fee:				Print name here:		
Tel. (e-mail				D. TECHNICAL SITE DATA [] Certified/Licensed Contractor [] Exempt Applican		
Address				DESCRIPTION OF WORK:		
Address street municipalityzip code			Water Supply Source			
Address e-mail			Method of Alarm/Suppression System Supervision			
	0 maii _				NUMBER	FEE (Office Use Only)
Fire Protection Equipment, NJ Div of Fire Safety Permit No.			Flammable/Combustible Tanks		\$ /////////////////////////////////////	
Fire Protection Equipment, NJ Div of Fire Safety Installer No.				· · · · · · · · · · · · · · · · · · ·		
Fire Alarm Contractor No Exp. Date				[] 110v Interconnected		
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):				[] CO Detectors/110v Alarm Devices (i.e., smoke, heat, pulls,		
Federal Emp. ID No FAX: ()				water/flow)		4//////////////////////////////////////
B. FIRE PROTECTION CHARACTERISTICS				Supervisory Devices (i.e., tampers, low/high a		/////////////////////////////////////
Use Group: Present Proposed	Fuel Type: [1 Combustib	Signaling Devices (i.e., horn/strobes, bells) le Other Devices		
Capacity				TOTAL		
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing						
OR []Conversion OR [] Replacement Location of Panel:						
Fuel Type: [] Gas [] Oil [] Electric				Dry Pipe/Alarm Valves		
Other		ew or [] Existing		Pre-action Valves		
Location: Location of Main Control Valve: Total Cost of Fire Protection Work \$			Sprinkler Heads (Dry and Wet) Standpipes			
/IOD SYMMADY (Office Aleccords)	///////////////////////////////////////	///////////////////////////////////////	///////	Pre-engineered Systems		
PLAN REVIEW	ISPECTIONS	Dates (Month/Day)		Wet Chemical		
I 1 No Plans Required	7//////////////////////////////////////	Failure Approvat	Initial	Dry Chemical		
T / / Partial-Undersian/Utilities Approved / / /	Alarm System			CO ₂ Suppression		
L Date: / / / / / Approved/by: / / / / / / / / / / / /	Suppression Sys.			Foam Suppression		
I // // File Protection Plans Approved / / / / /	Standpipe Fire Pump			FM200 Suppression		
I Date / / / Approved by /	////////////////// //// /			Other Other Systems		
Joint Flan Review Required.	Pre-Eng. System Mechanical			Kitchen Hood Exhaust System		
{ } Blag. { } Elec. } } Plumb. { } Elev.	Smoke Control		/ //// /.	Smoke Control System		
SUBCODE APPROVALION PERMIN	//////////////// //// /			Fuel-Fired Appliances [] Gas [] Oil [] S	Solid	
Date	TCO Flam/Combust Tanks			Fireplace Venting/Metal Chimney		
[/Approved/by.///////////////////////////////////	Fireplace Venting			Other		<u> </u>
SUBCODE APPROVAL for CERTIFICATE	Final		Administ	Administrative Surcharge \$		
	Other				Minimum Fee \$	
Approved by:	(*// */////////////////////////////////			State Permit Surcharge Fee \$		
U.C.C. F140 (rev. 06/23) 1 White = Inspector Copy	2 Canary = Office Copy 3 Pink = Of	fice Copy 4 Gold = Applicar	nt Copy		TOTAL FE	EE \$ //////////////////////////////////