



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. () zip code

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's Signature/Contractor's Signature [] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only). Rows include: Flammable/Combustible Tanks, Alarm Systems, Fire Pump, Dry Pipe/Alarm Valves, Pre-action Valves, Sprinkler Heads, Standpipes, Pre-engineered Systems, Other Systems.

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

Table with columns: JOB SUMMARY (Office Use Only), INSPECTIONS, Dates (Month/Day). Rows include: PLAN REVIEW, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

