

Block _____

Work Site Location _____

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. Lot _____

Tel. ()	e-mail		
Address			
street	municipality zip code		
	e-mail		
, ,	Safety Permit No.		
	afety Installer No Exp. Date		
Home Improvement Contractor Registration	n No. or Exemption Reason (if applicable):		
	FAX: ()		
B. FIRE PROTECTION CHARACTERISTIC	CS osed Fire Alarm System:[] New or [] Existi		
Constr. Class: Present Prop			
	Loodini or and.		
Heating System: [] New OR [] Existing			
Type: [] Gas [] Oil [] Electric	t 3 to the to 3 to thing		
	Location of Main Control Valve:		
Location:			
Location:	mbustible Capacity		
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$	mbustible Capacity		
Location:	mbustible Capacity		
Location:	ombustible Capacity		
Location: Fuel Storage Tank: Fuel Type: [] Flammable OR [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initialization Suppression Sys.		
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required:	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initi Alarm System Suppression Sys. Standpipe		
Location: Fuel Storage Tank: Fuel Type: [] Flammable on [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initial Alarm System Suppression Sys. Standpipe Fire Pump		
Location: Fuel Storage Tank: Fuel Type: [] Flammable on [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator	INSPECTIONS Type: Failure Failure Approval Inition Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System		
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date:	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approvat Inition Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical		
Fuel Storage Tank: Fuel Type: [] Flammable on [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date: Approved by:	INSPECTIONS Type: Failure Failure Approval Inition Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control		
Fuel Storage Tank: Fuel Type: [] Flammable on [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date: Approved by: SUBCODE APPROVAL	INSPECTIONS Type: Failure Failure Approval Inition Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO		
Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date: Approved by: SUBCODE APPROVAL [] CO [] CA	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initi Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Flam/Combust Tanks		
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$ JOB.SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date: Approved by: SUBCODE APPROVAL [] CO [] CCO [] CA Date:	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initial Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Flam/Combust Tanks Fireplace Venting		
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Co Total Cost of Fire Protection Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator [] Fire Plans Approved Date: Approved by: SUBCODE APPROVAL [] CO [] CCO [] CA	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initi Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Flam/Combust Tanks		



Date Received Control #

Date Issued Permit #

C. CERTIFICATION IN LIEU OF OATH

800-272-1000.	I hereby certify that I am the (agent of) owner of record and am authorized			
Qualification Code	to make this application. Applicant's Signature/Contractor's Signature [] Certified Contractor [] Exempt Applicant			
	D. TECHNICAL SITE DATA			
×	DESCRIPTION OF WORK:			
zip code	-			
Tel. ()	Water Supply Source			
e-mail	Method of Alarm/Suppression System Supervision			
		NUMBER	FEE (Office Use Only)	
	Flammable/Combustible Tanks		900000000	
	Alarm Systems			
_ Exp. Date				
n (if applicable):	[] 110v Interconnected			
x: ()	[] CO Detectors/110v Alarm Devices (i.e., smoke, heat, pulls,			
	water/flow)	, puns,		
rm System:[] New OR [] Existing	Supervisory Devices (i.e., tampers,	low/high air)		
n of Panel:	Signaling Devices (i.e., horn/strot	oes, bells)		
ppression/Standpipe System:	Other Devices			
]New OR [] Existing	TOTAL		4444444	
•	Suppression Systems			
on of Main Control Valve:	Fire Pump GPM Type _			
	Dry Pipe/Alarm Valves			
	Pre-action Valves	***************************************		
	Sprinkler Heads (Dry and Wet)	*************		
	Standpipes	***************************************		
Dates (Month/Day)	Pre-engineered Systems			
Failure Approvat Initial	Wet Chemical	***************************************		
	Dry Chemical	ALTERNATION OF THE PARTY OF THE		
	CO ₂ Suppression	-		
	Foam Suppression	West Control of the C		
	FM200 Suppression			
	Other	Other Systems		
	Kitchen Hood Exhaust System			
	Smoke Control System			
	Fired Appliances [] Gas or []Oil			
	Fireplace Venting/Metal Chimney ——			
	Other		- <u>2442-2445-24</u>	
		Administrative Surcharg	je \$ <u>/////////</u>	
			e \$ <u>/////</u> /	
	St		e \$	
1 White = Inspector Copy	2 Canary = Office Copy	TOTAL FE		