



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. ()

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 Fire Alarm System: [] New OR [] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing

[] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Total Cost of Fire Protection Work \$

Table with columns: JOB SUMMARY (Office Use Only), INSPECTIONS, Dates (Month/Day). Rows include PLAN REVIEW, SUBCODE APPROVAL, and various inspection types like Alarm System, Suppression Sys., etc.

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, Alarm Devices, Supervisory Devices, Signaling Devices, etc.

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