



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.

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 _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement
OR [] Gas [] Oil [] Electric [] Solar
OR [] Other _____
Fuel Type: _____
Location: _____
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: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Failure	Approval
[] No Plans Required			Initial
[] Partial -Underlab Utilities Approved			
Date: _____ Approved by: _____			
[] Fire Protection Plans Approved			
Date: _____ Approved by: _____			
Joint Plan Review Required:			
[] Bldg. [] Elec. [] Plumb. [] Elev.			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
[] CO [] CCO [] CA			
Date: _____			
Approved by: _____			

U.C.C. F140 (rev. 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #
Date Issued
Permit #

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 _____

NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____
Alarm Systems	_____
[] System	_____
[] 110v Interconnected	_____
[] CO Detectors/110v	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____
Supervisory Devices (i.e., lamps, low/high air)	_____
Signaling Devices (i.e., horn/strobes, bells)	_____
Other Devices _____	_____
TOTAL	_____
Suppression Systems	_____
Fire Pump _____ GPM Type _____	_____
Dry Pipe/Alarm Valves	_____
Pre-action Valves	_____
Sprinkler Heads (Dry and Wet)	_____
Standpipes	_____
Pre-engineered Systems	_____
Wet Chemical	_____
Dry Chemical	_____
CO ₂ Suppression	_____
Foam Suppression	_____
FM200 Suppression	_____
Other _____	_____
Other Systems	_____
Kitchen Hood Exhaust System	_____
Smoke Control System	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____
Fireplace Venting/Metal Chimney	_____
Other _____	_____
Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____