



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 Fuel Storage Tank:

Constr. Class: Present Proposed Fuel Type: [] Flammable or [] Combustible Capacity

Heating System: [] New or [] Modification to Existing OR [] Conversion OR [] Replacement Fire Alarm System: [] New or [] Existing Location of Panel:

Fuel Type: [] Gas [] Oil [] Electric [] Solar Other [] New or [] Existing Fire Suppression/Standpipe System: [] New or [] Existing Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$

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

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/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Water Supply Source Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) \$, Flammable/Combustible Tanks, Alarm Systems, Suppression Systems, Pre-engineered Systems, Other.

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