



# 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: \_\_\_\_\_ e-mail \_\_\_\_\_  
Tel. \_\_\_\_\_  
Address \_\_\_\_\_  
Contractor: \_\_\_\_\_ municipality \_\_\_\_\_ 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 \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

**Use Group:** Present \_\_\_\_\_ Proposed \_\_\_\_\_  
**Constr. Class:** Present \_\_\_\_\_ Proposed \_\_\_\_\_  
**Heating System:**  New or  Modification to Existing **Fire Alarm System:**  New or  Existing  
OR  Conversion or  Replacement  
**Fuel Type:**  Gas  Oil  Electric  Solar  
 Other \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Total Cost of Fire Protection Work \$** \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Type	Failure Approval Initial
<input type="checkbox"/> No Plans Required		Alarm System	
<input type="checkbox"/> Partial-Understand Utilities Approved		Suppression Sys.	
Date _____ Approved by _____		Standpipe	
<input type="checkbox"/> Fire Protection Plans Approved		Fire Pump	
Date _____ Approved by _____		Pre-Eng. System	
Joint Plan Review Required:		Mechanical	
<input type="checkbox"/> Plbg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.		Smoke Control	
<b>SUBCODE APPROVAL FOR PERMIT</b>			
Date _____		TCO	
Approved by _____		Flam/Combust Tanks	
<b>SUBCODE APPROVAL FOR CERTIFICATE</b>			
<input type="checkbox"/> CO <input type="checkbox"/> LCCO <input type="checkbox"/> CA		Fireplace/Venting	
Date _____		Final	
Approved by _____		Other	

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one internet version 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/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 \_\_\_\_\_

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., tampers, 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<sub>2</sub> 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 \$ \_\_\_\_\_