



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

PLAN REVIEW
 No Plans Required
 Partial-Under slab 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: _____

INSPECTIONS	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here _____
 Print name here: _____ [] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
 Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Official Use Only)
Alarm Systems		
System _____		
110V Interconnected _____		
CO Detectors/110V _____		
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____		
Supervisory Devices (i.e., tamper, 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 _____		

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

UCCF/-140
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 Professional Printing
 (856) 468-7933

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts