



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 _____

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 _____

Location: _____

Total Cost of Fire Protection Work \$ _____

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: _____

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

| NUMBER | FEE (Office Use Only) \$ |
|--|-----------------------------|
| Flammable/Combustible Tanks | _____ |
| Alarm Systems | _____ |
| <input type="checkbox"/> System | _____ |
| <input type="checkbox"/> 110v Interconnected | _____ |
| <input type="checkbox"/> CO Detectors/110v | _____ |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | _____ |
| Supervisory Devices (i.e., tasters, 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 <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____ | _____ |
| Fireplace Venting/Metal Chimney | _____ |
| Other _____ | _____ |
| Administrative Surcharge \$ | _____ |
| Minimum Fee \$ | _____ |
| State Permit Surcharge Fee \$ | _____ |
| TOTAL FEE \$ | _____ |

U.C.C. F140 (rev. 02/11)
Internet version

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