



**FIRE SUBCODE TECHNICAL SECTION**



Date Received \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Control # \_\_\_\_\_  
 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 \_\_\_\_\_

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 \_\_\_\_\_  
 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: \_\_\_\_\_

**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. \_\_\_\_\_  
 Applicant 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 (Official Use Only)
Flammable/Combustible Tanks	_____	_____
<b>Alarm Systems</b>		
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 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 _____	_____	_____
<b>TOTAL</b>	_____	_____
<b>Suppression Systems</b>		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
<b>Pre-engineered Systems</b>		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO <sub>2</sub> Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
<b>Other Systems</b>		
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 _____	_____	_____

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
<b>PLAN REVIEW</b>	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial-Under-slab 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"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.	Smoke Control	_____	_____	_____	_____
<b>SUBCODE APPROVAL for PERMIT</b>	TCO	_____	_____	_____	_____
Date: _____ Approved by: _____	Flam/Combust Tanks	_____	_____	_____	_____
<b>SUBCODE APPROVAL for CERTIFICATE</b>	Fireplace Venting	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final	_____	_____	_____	_____
Date: _____	Other	_____	_____	_____	_____
Approved by: _____					

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

UCC/F-140  
 Professional Printing  
 (856) 468-7933

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
<b>TOTAL FEE \$</b>	_____