

HOW TO COMPLETE A FIRE PROTECTION SUBCODE APPLICATION

U.S. 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.

1 Block _____ Lot _____ Qualification Code _____
2 Work Site Location _____
3 Owner in Fee: _____
3 Tel. (____) _____ e-mail _____
4 Address _____ street _____ municipality _____ zip code _____
4 Contractor: _____ Tel. (____) _____
4 Address _____ e-mail _____

B. FIRE PROTECTION CHARACTERISTICS

5 Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible Capacity _____
Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
Other _____ [] New or [] Existing
Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 6

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Alarm System				
[] Partial -Underlab Utilities Approved		Suppression Sys.				
Date: _____ Approved by: _____		Standpipe				
[] Fire Protection Plans Approved		Fire Pump				
Date: _____ Approved by: _____		Pre-Eng. System				
Joint Plan Review Required:		Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO				
Date: _____		Flam/Combust Tanks				
Approved by: _____		Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final				
[] CO [] CCO [] CA		Other				
Date: _____						
Approved by: _____						

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: _____ 7
Print name here: _____

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

DESCRIPTION OF WORK: 8
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBERS	FEE (Office Use Only)
Alarm Systems		\$
[] System	10	
[] 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)	11	
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	12	
Other _____		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Fire (F140)

- Block and Lot of the property goes here. (This is the same information from the Construction Permit Application F100 at the top of this document)
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, License number/expiration date, and Federal Employer ID Number go here.
 - * If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Fire Protection Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.
 - * Check off all of the applicable boxes in the Heating System section.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.

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7. If owner is doing the work, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name.
8. A brief but complete description of the work goes here. Water Supply Source only needs to be filled in for Fire Sprinkler systems.
9. Storage Tank fuel type and capacity is listed here. Tank quantity is indicated at right.
10. Fire and Smoke Alarm devices and quantity go here, then fill in total amount.
11. Fire Suppression devices and quantity go here.
12. List quantity and indicate fuel type of fuel-fired appliances (water heater, boiler, furnace) and chimney liners.