



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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 Sprucewood Dr.
BRICK NJ 08723

Owner in Charge Anthony Nireefe
Tel. [REDACTED] e-mail _____
Address 247 Sprucewood Dr Brick, 08723
City Brick State NJ Zip Code 08723

Contractor: HCS INC. Tel. 732-557-9220
Address 1565 Rt 37 W units e-mail hcsheatingandcooling
TOMS RIVER, NJ 08755 OVERLORD, NJ

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 13VH03178600 Exp. Date 12/31/11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 2236553300 FAX: 732-557-9221

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable OR ☐ Combustible
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: BASEMENT Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 150 -

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☐ No Plans Required	Alarm System				Initial
☐ Partial - Underslab 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 or owner of record) and am authorized to make this application.

Applicant's Signature/Contractor's Signature _____
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

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 _____
CO₂ 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 \$ _____