FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received: 03/25/2009
Control #: 06-0687-B

Date Issued: 04/06/2009
Permit #: F06-0687-B

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO 1-800-272-1000.

Block-Lot: 3401-13_____Qualification Code:
Work Site Location: 260 VAN NOSTRAND AVE ENGLEWOOD, NJ
Owner in Fee: RABBENOU
Tel. 201/569-8007_____e-mail
Address 260 VAN NOSTRAND AVE
ENGLEWOOD, NJ 07631-
Contractor: GILSON & SONS INC _____Tel. 201/818-1100
Address: 20 INDUSTRIAL AVE UPPER SADDLE RIVER, NJ 07458-____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. 3023A Exp Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-1499251 FAX: 201/818-0383

B. BUILDING CHARACTERISTICS

Use Group: Present: R-3 Proposed: R-3
Constr. Class: Present Proposed
Heating System: .
Fuel Type:
Location:
Total Cost of Fire Protection Work: 2000

Fuel Storage Tank:
Capacity 0
Fire Alarm System:
Location of Panel:
Fire Supression/Standpipe System:
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

Plan Review
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Electrical Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:_____
Approved by:_____
SUBCODE APPROVAL for CERTIFICATE
[__] CO __[__] CCO __[__] CA
Date:_____
Approved By:_____

INSPECTIONS		Dates	(Month/ Day)	
Type:	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 _____	_____	_____	_____	_____

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

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

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: _____
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK GAS

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

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks	0	0.00
Alarm Systems		0.00
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e.. smoke, heat, pulls, water/flow)	0	0.00
Supervisory Devices (i.e., tampers, low/high air)	0	0.00
Signaling Devices (i.e., horn/strobes, bells)	0	0.00
Other Devices		0.00
TOTAL	0	0.00
Suppression Systems		
Fire Pump GMP Type 0	0	0.00
Dry Pipe/Alarm Valves	0	0.00
Pre-action Valves	0	0.00
Sprinkler Heads (Dry and Wet)	0	0.00
Standpipes	0	0.00
Pre-engineered Systems		
Wet Chemical	0	0.00
Dry Chemical	0	0.00
CO2 Suppression	0	0.00
Foam Suppression	0	0.00
FM200 Suppression	0	0.00
Other		0.00
Other Systems		
Kitchen Hood Exhaust System	0	0.00
Smoke Control System	0	0.00
Fuel-Fired Appliances ☑ Gas ☐ Oil ☐ Solid	1	65.00
Fireplace Venting/Metal Chimney		0.00
Other		0.00

Administrative Surcharge	$0.00
Minimum Fee	35.00
State Permit Surcharge Fee	0.00
TOTAL FEE	103.00