FIRE SUBCODE
TECHNICAL SECTION

Date Received 11/1/1994
Control # 62790
Date Issued 11/1/1994
Permit # 94820

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

Block 131.08 Lot 19 Qualification Code _____

Work Site Location: 3 FALL DRIVE , NJ

Owner in Fee: CALTON HOMES SFD

Address 500 CRAIG ROAD MANALAPAN NJ 07726-8790 Email _____

Tel. 908/7801800

Contractor: CALTON HOMES, INC Tel. 908/7801800

Address 500 CRAIG ROAD MANALAPAN NJ 07726-8790 Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 01144 Expiration Date: 6/30/1991

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. 95-2582259 Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-3

Constr. Class Present _____ Proposed _____

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Location: _____

Total Cost of Fire Protection Work **$150**

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 certifiy that I am the (agent of) owner of record and am authorized to make this application.

_____

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CB 95

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
Fire Appliances ☐ Gas ☑ Oil ☐ Solid	1	$43
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$48
TOTAL FEE		$130

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Fire Protection Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____ 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/Cumbust Tank				
Fireplace Venting				
Final				
Other				

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

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