



# FIRE SUBCODE TECHNICAL SECTION



Date Received 12/30/2009  
Control # \_\_\_\_\_  
Date Issued 12/30/2009  
Permit # 09-1060

**A. IDENTIFICATION - APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000  
Block 212 Lot 20.01 Qualification Code \_\_\_\_\_

Work Site Location: 50 STIRLING RD. WARREN, NJ

Owner in Fee: WARREN CATERING LLC

Address 675 GARFIELD AVE. JERSEY CITY NJ - Email \_\_\_\_\_

Tel. 201/7610025

Contractor: SWA ELECTRIC Tel. 908/4774993

Address 26 WESTMINSTER RD. SOUTH AMBOY NJ - 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. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. - Fax. / -

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-2 Proposed A-2 Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ Capacity \_\_\_\_\_

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

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar  
☐ Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$300

## Fuel Storage Tank:

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 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  
INTERIOR ALTERATIONS

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                                                                          | NUMBER   | FEE (Office Use Only) |
|----------------------------------------------------------------------------------------------------------|----------|-----------------------|
| Flammable/Combustible Tanks                                                                              | _____    | _____                 |
| <b>Alarm Systems</b>                                                                                     |          |                       |
| <input type="checkbox"/> System                                                                          |          |                       |
| <input checked="" type="checkbox"/> 110v Interconnected                                                  |          |                       |
| <input type="checkbox"/> CO Detectors/110v                                                               |          |                       |
| Alarm Devices (i.e. smoke, heat, pulls, water/flow)                                                      | <u>3</u> | _____                 |
| Supervisory Devices (tamper, low/high air)                                                               | _____    | _____                 |
| Signaling Devices (horn/strobes, bells)                                                                  | _____    | _____                 |
| Other Devices                                                                                            | _____    | _____                 |
| TOTAL                                                                                                    | <u>3</u> | <u>\$23.00</u>        |
| <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                                                                                             | _____    | _____                 |
| CO2 Suppression                                                                                          | _____    | _____                 |
| Foam Suppression                                                                                         | _____    | _____                 |
| FM200 Suppression                                                                                        | _____    | _____                 |
| Other                                                                                                    | _____    | _____                 |
| <b>Other Systems</b>                                                                                     |          |                       |
| Kitchen Hood Exhaust System                                                                              | _____    | _____                 |
| Smoke Control System                                                                                     | _____    | _____                 |
| Fire Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid | _____    | _____                 |
| Fireplace Venting/Metal Chimney                                                                          | _____    | _____                 |
| Other                                                                                                    | _____    | _____                 |

|                                                                                      |                   |                                  |
|--------------------------------------------------------------------------------------|-------------------|----------------------------------|
| <b>JOB SUMMARY (Office Use Only)</b>                                                 | INSPECTIONS       | Dates (Month/Day)                |
| PLAN REVIEW                                                                          | Type:             | Failure Failure Approval Initial |
| <input type="checkbox"/> No Plan Required                                            | Alarm System      | _____                            |
| Partial Underslab Utilities Approved                                                 | Suppression Sys.  | _____                            |
| Date: _____ by: _____                                                                | Standpipe         | _____                            |
| <input type="checkbox"/> Fire Protection Plans Approved                              | Fire Pump         | _____                            |
| Date: _____                                                                          | Pre-Eng. System   | _____                            |
| Approved by: _____                                                                   | Mechanical        | _____                            |
| Joint Plan Review Required                                                           | Smoke Control     | _____                            |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  | TCO               | _____                            |
| <input type="checkbox"/> Electrical <input type="checkbox"/> Elevator                | Flam/Cumbust Tank | _____                            |
| SUBCODE APPROVAL for PERMIT                                                          | Fireplace Venting | _____                            |
| Date: _____ by: _____                                                                | Final             | _____                            |
| SUBCODE APPROVAL for CERTIFICATE                                                     | Other             | _____                            |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |                   |                                  |
| Date: _____ by: _____                                                                |                   |                                  |

|                            |             |
|----------------------------|-------------|
| Administrative Surcharge   | <u>\$3</u>  |
| Minimum Fee                | _____       |
| State Permit Surcharge Fee | <u>\$38</u> |
| TOTAL FEE                  | <u>\$64</u> |