



FIRE SUBCODE TECHNICAL SECTION



Date Received 6/6/2007
Control # _____
Date Issued 6/6/2007
Permit # 06-0437+Q

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 212 Lot 25.01 Qualification Code _____

Work Site Location: 50 STIRLING ROAD WARREN , NJ

Owner in Fee: WARREN CATERING

Address 50 STIRLING ROAD JERSEY CITY NJ 07305- Email _____

Tel. 201/7610025

Contractor: PERTH AMBOY PLUMBING & HEATING Tel. / -

Address 442 BRUCK AVENUE PERTH AMBOY NJ 08861- 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 improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. 15-0563529 Fax. 732/3243432

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3 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 \$1

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

PLAN REVISIONPLAN REVISIONTRANSFORMERSPLAN REVISION

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 (tamperers, 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	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other <u>6" FIRE MAIN</u>	_____	\$78

Administrative Surcharge	\$12
Minimum Fee	_____
State Permit Surcharge Fee	_____
TOTAL FEE	\$90

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