



FIRE SUBCODE TECHNICAL SECTION



Date Received 10/28/2008
Control # _____
Date Issued 10/28/2008
Permit # 06-0437/1+A

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 07059- Email _____

Tel. 201/7610025

Contractor: ARMOR

Tel. 973/8828994

Address 178 PINE BROOK ROAD MONTVILLE NJ 07045- 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. 22-2865944

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: _____

Fuel Storage Tank:

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$1

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 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 (tamper, 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>FIRE TRUCK CON</u>	_____	\$92

Administrative Surcharge	\$14
Minimum Fee	_____
State Permit Surcharge Fee	_____
TOTAL FEE	\$106

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

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 _____