



FIRE SUBCODE TECHNICAL SECTION



Date Received 7/10/2006
Control # _____
Date Issued 7/10/2006
Permit # 06-0481

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. , NJ

Owner in Fee: WARREN CATERING LLC

Address 675 GARFIELD AVE JERSEY CITY NJ 07059- Email _____

Tel. 201/7610025

Contractor: SURVIVOR FIRE Tel. 908/2720066

Address 39A MYRTLE ST. CRANFORD NJ 07016- 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. 22-2988357

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 \$3,200

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

ALARM DEVICESALARM DEVICES

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)	<u>5</u>	_____
Supervisory Devices (tamperers, low/high air)	_____	_____
Signaling Devices (horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>5</u>	<u>\$34.00</u>
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	_____	_____

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: _____		

Administrative Surcharge	<u>\$5</u>
Minimum Fee	_____
State Permit Surcharge Fee	<u>\$5</u>
TOTAL FEE	<u>\$44</u>