



FIRE SUBCODE
TECHNICAL SECTION



Date Received 2/3/2020
Control # C-0097
Date Issued 2/11/2020
Permit # 20-0121

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 144.23 Lot 6.06 Qualification Code _____

Work Site Location: 1208 COLUMBUS ROAD Burlington Township, NJ

Owner in Fee: M & V ASSOCIATES, LLC

Address 1208 COLUMBUS RD BURLINGTON NJ 08016 Email _____

Tel. _____

Contractor: HUTCHINSON Tel. (856) 429-5807

Address 621 CHAPEL AVENUE CHERRY HILL NJ 08034- 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. 21-0696069 Fax. (856) 429-4995

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5 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 \$20,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	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: _____			Final	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE							
☐ CO ☐ CCO ☐ CA							
Date: _____							
Approved by: _____							

U.C.C F140 (rev. 11/09)

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

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

RTU (x5)

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	<u>5</u>	<u>\$230</u>
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

Administrative Surcharge	_____
Minimum Fee	_____
State Permit Surcharge Fee	<u>\$38</u>
TOTAL FEE	<u>\$268</u>



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Constr. Class Present Proposed Capacity

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or Conversion or Replacement
Fire Alarm System: New or Existing
Location of Panel:

Type: Gas Oil Electric Solar
Other
Fire Suppression/Standpipe System:
New or Existing
Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$20,000

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Date:		Final					
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