Woodland Township
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/03/2004
Control # 92000124

Date Issued 5/03/2004
Permit # 20040017

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block/Lot 3701/3

Work Site Location 4031 ROUTE 563

Owner in Fee: PEPPER, AL

Tel. _____ e-mail _____

Address: _____ , _____ (Street, municipality, zip code)

Contractor: _____ Tel. _____

Address: , _____ e-mail _____

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-4

Constr. Class Present _____ Proposed _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
Fireplace Venting				
Final				
Other _____				

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 Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
NEW S/F DWELLING S/F NEW S/F DWELLING

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Flammable/Combustible Tanks	____	$ _____
Alarm Systems		
☐ **System**		
☐ **Interconnected 110 v**		
☐ **CO Detectors 110 v**		
Alarm Devices (i.e., smoke, heat, pulls, water/flow	____	_____
Supervisor Devices (i.e., tampers, low/high air)	____	_____
Signaling Devices (i.e., horn/strobes, bells)	____	_____
Other Devices _____	____	_____
TOTAL	____	_____
Suppression System		
Fire Pump _____ GPM Type _____	____	_____
Dry Pipe/Alarm Valves	____	_____
Pre-action Valves	____	_____
Springler Heads (Dry and Wet)	____	_____
Standpipes	____	_____
Pre-engineered Systems		
Wet Chemical	____	_____
Dry Chemical	____	_____
CO_2 Suppression	____	_____
Foam Suppression	____	_____
FM200 Suppression	____	_____
Other _____	____	_____
Other Systems		
Kitchen Hood Exhaust System	____	_____
Smoke Control System	____	_____
Fired Appliances [ ] Gas or [ ] Oil	____	_____
Fireplace Venting/Metal Chimney	____	_____
Other _____	____	_____

Administrative Surcharge $	0
Minimum Fee $	_____
State Permit Surcharge Fee $	_____
TOTAL FEE $	_____

Applicant: When submitting this term to your Local construction code Enforcement Office please provide one original plus three photocopies