FIRE SUBCODE
TECHNICAL SECTION

Date Received 10/10/2002
Control # 52978
Date Issued 10/10/2002
Permit # 020918

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

Block 128.05 Lot 23 Qualification Code

Work Site Location: 23 THREADLEAF TERRACE FINISHED BASEMENT , NJ

Owner in Fee: MARTIN, ROBERT J & HEATHER J

Address 23 THREADLEAF TERRACE BURLINGTON NJ 08016- Email

Tel. 609/2396864

Contractor: MARTIN, ROBERT J & HEATHER J Tel. 609/2396864

Address 23 THREADLEAF TERRACE BURLINGTON NJ 08016 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. HO- Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* *or* ☐ *Combustible*

Capacity

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 **$100**

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ 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:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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
FINISHED BASEMENTFINISHED BASEMENTFINISHED BASEMENT

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)	3	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	3	$36.00
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		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$4
TOTAL FEE		$40

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

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