

MUNICIPALITY _____

FIRE SUBCODE
FILL OUT ALL DASHED LINED SECTIONS



DATE RECEIVED _____

DATE ISSUED _____

PERMIT # _____

R/N _____

R/O _____

C/N _____

C/O _____

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone _____

Email _____

Contractor _____

Address _____

Telephone _____ Fax _____

Email _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems New Existing HVAC

Type Gas Oil Electric Solar Other

COST OF FIRE PROTECTION WORK: \$ _____

Fire Alarm Systems
 New Existing

Location of Panel: _____

Fire Suppression/Standpipe Sys.
 New Existing

Location of Main Control Valve: _____

D. TECHNICAL SITE DATA

Description of Work: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: Flammable Liquid Combustible Liquid

LPG Capacity

LNG Fuel

Alarm Systems

110v Interconnected

System

Alarm Devices (i.e, smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e, tampers, low/high air) _____

Signaling Devices (i.e, 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 _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas or Oil Fired Appliances _____

Other _____

FEE (OFFICE USE ONLY)

\$ _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Plumbing

Electric

Fire Plans Approved

Date: _____

Approved By: _____

SUBCODE APPROVAL

CO CCO CA

DATE: _____ APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE

PLAN REVIEW	\$ _____
ADMINISTRATIVE CHARGE	\$ _____
UCC INSPECTION	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____