

FIRE SUBCODE TECHNICAL SECTION

Date Received _____
Date Issued _____
Control # _____
Permit # _____



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

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 Heating Systems New Existing HVAC
 Type: Gas Oil Electric Solar
 Other _____
 Location: _____
 Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Plumbing
 Electric Elevator
 Fire Plans Approved
 Date: _____
 Approved by: _____
 SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS
 Type: _____
 Alarm System _____
 Suppression Sys. _____
 Standpipe _____
 Fire Pump _____
 Pre-Eng. System _____
 Mechanical _____
 Smoke Control _____
 TCO _____
 Final _____
 Other _____

Dates (Month/Day)
 Failure _____ Approval _____ Initial _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

Storage Tanks
 Type: Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____
Alarm Systems 110v interconnected **NUMBER** _____
 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)

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
Fee	\$	_____
TOTAL FEE	\$	_____