

CITY OF BAYONNE
 Department of Engineering
 630 Avenue "C"
 Bayonne, New Jersey 07002



**FIRE PROTECTION
 SUBCODE
 TECHNICAL SECTION**



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

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

Block _____ Lot _____
 Work Site Location _____

 Owner in Fee _____
 Address _____

 Tele. (____) _____
 Contractor _____
 Address _____

 Tele. (____) _____
 Lic. No. _____
 Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Suppression Test	_____	_____	_____	_____
Joint Plan Review Required:		Fire Alarm Test	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.		Smoke Test	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator		Mechanical	_____	_____	_____	_____
<input type="checkbox"/> Fire Plans Approved		TCO	_____	_____	_____	_____
Date _____		Other _____	_____	_____	_____	_____
Approved by: _____		Other _____	_____	_____	_____	_____
SUBCODE APPROVAL		Other _____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
 Method of Valve Supervision _____
 Local Alarm Supervision _____
 Central Supervision _____
 Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
 Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
 L.P.G. Storage Tanks () Capacity _____ Fuel _____
 L.N.G. Storage Tanks () Capacity _____ Fuel _____

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	_____
Heat Detectors	_____
TOTAL	_____
Stand Pipes	_____
Kitchen Hood Exhaust Systems	_____
Pre-Engineered Systems	_____
CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____
Gas or Oil Fired Appliance	_____
OTHER	_____

FEE (Office Use Only)

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

U.C.C. Form F 140B

1 White: Inspector Copy
 3 Pink: Office Copy

2 Canary: Office Copy
 4 Gold: Applicant Copy

Administrative Surcharge \$ _____
 Paid Check # _____ Minimum Fee \$ _____
 DCA Training Fee \$ _____
 Collected by: _____ TOTAL FEE \$ _____