



**Borough of Maywood**  
15 Park Avenue  
Maywood, N.J. 07607



## FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Tel (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 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 \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable) \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank:  
 Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: [ ] Flammable or [ ] Combustible  
 Capacity \_\_\_\_\_  
 Heating System: [ ] New or [ ] Modification to Existing Fire Alarm System: [ ] New or [ ] Existing  
 or [ ] Conversion or [ ] Replacement. Location of Panel \_\_\_\_\_  
 Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Fire Suppression/Standpipe System:  
 [ ] Other \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_  
 Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[ ] No Plans Required	Alarm System				
[ ] Partial - Underlab Utilites Approved	Suppression Sys.				
Date _____ Approved by _____	Standpipe				
[ ] Fire Protection Plans Approved	Fire Pump				
Date _____ Approved by _____	Pre-Eng. System				
Joint Plan Review Required	Mechanical				
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev	Smoke Control				
<b>SUBCODE APPROVAL for PERMIT</b>	TCC				
Date _____	Flam/Combust Tanks				
Approved by _____	Fireplace Venting				
<b>SUBCODE APPROVAL for CERTIFICATE</b>	Final				
Date _____	Other				
[ ] CO [ ] CCO [ ] CA					
Approved by _____					

U.C.C. #140 (rev. 12/01) 1. Whole • Inspector Copy 2. Copy • Office Copy 3. Fee • Office Copy 4. Cost • Applicant Copy

**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:**  
 Water Supply Source \_\_\_\_\_  
 Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
<b>Alarm System</b>		
[ ] System		
[ ] 110v. Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
<b>Suppression Systems</b>		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
<b>Pre-engineered Systems</b>		
Wet Chemical		
Dry Chemical		
CO <sub>2</sub> Suppression		
Foam Suppression		
FM200 Suppression		
Other		
<b>Other Systems</b>		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**