



MANTUA TOWNSHIP
(856) 468-9050

FIRE
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 _____ Qualification Code _____
Work Site Location _____
Owner in Fee: _____
Tel. (____) _____ e-mail _____
Address _____ street _____ municipality _____ Tel. (____) _____ zip code _____
Contractor: _____
Address _____
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 _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel 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 \$ _____

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
[] Partial-Underlab Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg. [] Elec. [] Plumb. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____ Approved by: _____

| INSPECTIONS | Dates (Month/Day) |
|---------------------|--------------------------|
| Type: | Failure Approval Initial |
| Alarm System | |
| Suppression Sys. | |
| Standpipe | |
| Fire Pump | |
| Pre-Eng. System | |
| Mechanical | |
| Smoke Control | |
| TCO | |
| Flam/Combust. Tanks | |
| Fireplace Venting | |
| Final | |
| Other | |

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.
[] Certified Contractor Applicant Signature/ Contractor's Signature
[] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

| NUMBER | FEE (Official Use Only) |
|--|-------------------------|
| Flammable/Combustible Tanks | |
| Alarm Systems | |
| [] System | |
| [] 110v Interconnected | |
| [] CO Detectors/110v | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | |
| Supervisory Devices (i.e., tampers, low/high air) | |
| Signaling Devices (i.e., horns/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 | |
| CO ₂ Suppression | |
| Foam Suppression | |
| FM200 Suppression | |
| Other _____ | |
| Other Systems | |
| 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 \$ _____

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