



CITY OF LINDEN
 301 N. Wood Avenue
 Linden, NJ 07036
 (908) 474-8459



**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 _____
 Address _____

Tel (_____) _____ FAX (_____) _____
 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. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
 Constr. Class: Present _____ Proposed _____ Location of Panel: _____
 Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
 Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
 Location: _____ Location of Main Control Valve: _____
 Fuel Storage Tank: _____
 Fuel Type: [] Flammable or [] Combustible Capacity _____
 Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
[] No Plans Required	Alarm System	_____	_____	_____	_____
[] Building [] Plumbing	Suppression Sys.	_____	_____	_____	_____
[] Electric [] Elevator	Standpipe	_____	_____	_____	_____
[] Fire Plans Approved	Fire Pump	_____	_____	_____	_____
Date: _____	Pre-Eng. System	_____	_____	_____	_____
Approved by: _____	Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL	Smoke Control	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____	Fireplace Venting	_____	_____	_____	_____
	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____

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 _____

NUMBER _____ FEE (Office 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	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

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