



**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 \_\_\_\_\_

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 \$ \_\_\_\_\_

**Fire Alarm System**

New [ ] Existing [ ]

Location of Panel: \_\_\_\_\_

**Fire Suppression/Standpipe System**

New [ ] Existing [ ]

Location of Main Control Valve: \_\_\_\_\_

**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 \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [ ] or Oil [ ] Fired Appliances \_\_\_\_\_

Other \_\_\_\_\_

**FEE (Office Use Only)**

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**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 Failure Approval Initial

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**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 \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_