



**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 _____ Fire Alarm System New Existing
Const. Class Present _____ Proposed _____
Heating Systems New Existing HVAC Location of Panel: _____
Type: Gas Oil Electric Solar Fire Suppression/Standpipe System New Existing
 Other _____ Location of Main Control Valve: _____
Location: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required	Alarm System	_____	_____
Joint Plan Review Required:	Suppression Sys.	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Standpipe	_____	_____
<input type="checkbox"/> Electric <input type="checkbox"/> Elevator	Fire Pump	_____	_____
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System	_____	_____
Date: _____	Mechanical	_____	_____
Approved by: _____	Smoke Control	_____	_____
SUBCODE APPROVAL	TCO	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final	_____	_____
Date: _____	Other	_____	_____
Approved by: _____		_____	_____

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 _____

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

FEE (Office Use Only)

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 _____
CO₂ Suppression _____
Foam Suppression _____
Halon Suppression _____
Other _____

Kitchen Hood Exhaust System _____
Smoke Control System _____
Gas or Oil Fired Appliances _____
Other _____

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