

**FIRE
SUBCODE
TECHNICAL SECTION**

R/N
R/O
C/N
C/O



Date Received
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____
 Owner _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____ PA HIC # _____

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 \$ _____

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
 [] CQ [] CCC [] 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 _____ Approval _____ Initial _____

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 _____
 Alarm Devices (i.e., smoke, heat, pull, water/flow) _____
 Supervisory Devices (i.e., tamper, low/high air) _____
 Signaling Devices (i.e., horn/strobes, bells) _____
 Other Devices _____
 TOTAL _____
Suppression Systems
 Fire Pump _____ CPM Type _____
 Dry Pipes/Alarm Valves _____
 Pre-action Valves _____
 Sprinkler Heads (Dry and Wet) _____
 Standpipes _____
 Pre-engineered Systems _____
 Wet Chemical _____
 Dry Chemical _____
 C.O₂ Suppression _____
 Foam Suppression _____
 Halon Suppression _____
 Other _____
 Kitchen Hood Exhaust System _____
 Smoke Control System _____
 Gas [] or Oil [] Fired Appliances _____
 Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
 UCC Inspection \$ _____
 PA L&I \$ _____
 TOTAL \$ _____