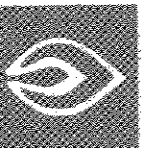


**FIRE
SUBCODE
TECHNICAL SECTION**



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 _____

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review 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	TCCO	_____
Date: _____	Final	_____
Approved by: _____	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.

Signature _____

UCC/PRO F-140 (REV/3/96)
Professional Printing
(856) 468-7933

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., tamper, 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 _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy