



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

Constr. Class _____

Present _____

Proposed _____

New Existing

Heating Systems _____

New

Existing

HVAC

Type:

Gas

Oil

Electric

Solar

Other _____

Location: _____

Fire Suppression/Standpipe System

Total Cost of Fire Protection Work \$ _____

New Existing

Location of Main Control Valve: _____

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 _____

Failure

Failure

Approval

Initial

Dates (Month/Day)

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 System **NUMBER**

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 _____

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 \$ _____

U.C.C. F140

(rev. 3/99)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Hand = Applicant Copy

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 _____