

BOROUGH OF HELMETTA
CONSTRUCTION DEPARTMENT
 60 MAIN STREET - PO BOX 378
 HELMETTA, NJ 08828
 732-521-0386 - FAX: 732-521-1263



FIRE
SUBCODE
TECHNICAL SECTION

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 _____ Existing _____
 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)
Type:	Failure	Failure
[] No Plans Required	Alarm System	Approval
Joint Plan Review Required:	Suppression Sys.	Initial
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: _____	Mechanical	
Approved by: _____	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] 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.

UCC/PRO F-140 (REV/3/96)

Professional Printing

Signature _____



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

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., tamper, low/high air) _____
 Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

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 \$ _____

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy