



**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 _____

Tel (_____) _____
Contractor _____
Address _____

Tel (_____) _____ FAX (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____	Fire Alarm System
Constr. Class Present _____ Proposed _____	New [] Existing []
Heating System [] New [] Existing _____ HVAC	Location of Panel: _____
Type: [] Gas [] Oil [] Electric [] Solar	Fire Suppression/Standpipe System
[] Other _____	New [] Existing []
Location: _____	Location of Main Control Valve: _____
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	TCO	_____	_____	_____	_____
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

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 _____

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 \$ _____