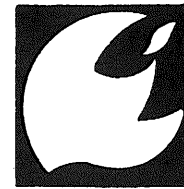


FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION	
APPLICANT – Complete unshaded areas only	When changing contractors, notify this office
Owner _____	Contractor _____
Address _____	Address _____
Tel. (____) _____	Tel. (____) _____
Work Site Address _____	Lic. No. _____
	Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
<i>(Complete for Minor Work and Small Job Only)</i>
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
_____ AGENT SIGNATURE

B. TECHNICAL SITE DATA	
B1. SPRINKLERS TYPE: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other _____ Area Sprinkled: <input type="checkbox"/> Full <input type="checkbox"/> Partial (specify in comments) No. of Heads: _____ No. of Spare Heads: _____ <input type="checkbox"/> Valves Supervised – Method: _____ Water Supply – Source: _____ Size: _____ FD Connection Location: _____ Estimated Cost of Work: \$ _____	FEE
B2. SPECIAL SUPPRESSION SYSTEMS TYPE: <input type="checkbox"/> Dry Chemical <input type="checkbox"/> CO ₂ <input type="checkbox"/> Halon <input type="checkbox"/> Foam <input type="checkbox"/> Other _____ Manual Pull: <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ _____ _____ Estimated Cost of Work: \$ _____	FEE
B3. ALARM TYPE: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Supervision Type: <input type="checkbox"/> Local <input type="checkbox"/> Central <input type="checkbox"/> Proprietary <input type="checkbox"/> Remote Location Estimated Cost of Work: \$ _____	FEE
B4. STAND PIPES Pipe Size: _____ Pump Size: _____ Water Source: _____ Size: _____ FD Connection Location: _____ Hose Station: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Cost of Work: \$ _____	FEE
B5. OTHER _____ _____ _____	FEE
Subtotal \$ _____	
Minimum Fire Protection Fee (If Applicable) \$ _____	
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ _____	

C. FIRE PROTECTION CHARACTERISTICS
USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____ Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electrical <input type="checkbox"/> Solar <input type="checkbox"/> Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS
_____ _____ _____
<input type="checkbox"/> Partial Releases <input type="checkbox"/> Prototype Processing