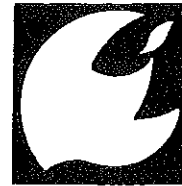


# FIRE SUBCODE TECHNICAL SECTION



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

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

<b>CERTIFICATION IN LIEU OF OATH:</b> <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>B. TECHNICAL SITE DATA</b>	
<b>B1. SPRINKLERS</b>	<b>B3. ALARM</b>
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: \$ _____	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 : \$ _____
<b>B2. SPECIAL SUPPRESSION SYSTEMS</b>	<b>B4. STAND PIPES</b>
TYPE: <input type="checkbox"/> Dry Chemical <input type="checkbox"/> CO <sub>2</sub> <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: \$ _____	Pipe Size: _____ Pump Size: _____ Water Source: _____ Size: _____ FD Connection Location: _____ Hose Station: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Cost of Work: \$ _____
	<b>B5. OTHER</b>
	_____ \$ _____ _____ \$ _____ _____ \$ _____ <div style="text-align: right;">Subtotal \$ _____</div> Minimum Fire Protection Fee (If Applicable) \$ _____ Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ _____

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

<b>D. COMMENTS</b>
_____ _____ <div style="text-align: right;"> <input type="checkbox"/> Partial Releases   <input type="checkbox"/> Prototype Processing           </div>