



**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 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
[] 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 _____

Dates (Month/Day)
Failure Approval Initial

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 _____

U.C.C. F140
(rev. 5.06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110v Interconnected
[] System **NUMBER**

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., tamper, 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 _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____