

RETURN ORIGINAL
AND 3 COPIES



SUBCODE
TECHNICAL SECTION

Dale 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.

D. TECHNICAL SITE DATA

Block _____ Lot _____
Work Site Location _____

DESCRIPTION OF WORK:

Owner in Fee _____
Address _____

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

Tele. (_____) _____
Contractor _____
Address _____

Storage Tanks _____ FEE (Office Use. Only)

Type: Flammable Liquid Combustible Liquid
 LPG LNG Capacity ___ Fuel_

Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

Alarm Systems 110V Interconnected _____ NUMBER
 System

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System
Constr. Class Present _____ Proposed _____ New Existing
Heating Systems New Existing _____ HVA
Type: Gas Oil _____ g _____ C
 Other _____ Electric _____ Solar
Location: _____
Total Cost of Fire Protection Work \$ _____

Alarm Devices (Le., smoke, heat, pulls, waterflow)

Supervisory Devices (Le., tampers, low/high air)

Signaling Devices (Le., 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

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 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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

U CC F140
(rev. 3196)

1 White - Inspector Copy
3 Pink - Office Copy

2 Canary - Office Copy
4 Hard - Applicant Copy