

# FIRE SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

### A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

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 \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ \_\_\_\_\_

Fire Alarm System  
New [ ] Existing [ ]  
Location of Panel: \_\_\_\_\_  
Fire Suppression/Standpipe System  
New [ ] Existing [ ]  
Location of Main Control Valve: \_\_\_\_\_

### 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 NUMBER \_\_\_\_\_  
[ ] 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 \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [ ] or Oil [ ] Fired Appliances \_\_\_\_\_

Other \_\_\_\_\_

#### FEE (Office Use Only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

JOB SUMMARY (Office Use Only)		DATES (MONTH/DAY)			
PLAN REVIEW	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Required	Type:				
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 \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

# PLUMBING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
\_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of all fixtures.)**

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____	_____
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Water	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Sewer	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	_____	_____	_____	_____
Date: _____		Gas Equipment	_____	_____	_____	_____
Approved by: _____		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL		Solar	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO _____	_____	_____	_____
Date: _____		_____	_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____	_____

**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 and perform the work listed on this application.

Signature — Contractor's Seal \_\_\_\_\_

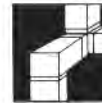
Licensed Plumbing Contractor     Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

# MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
\_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3/R-4  
Heating System  Conversion  Replacement  
Fuel:  Gas  Oil  Electric  Solar  
 Other \_\_\_\_\_  
Type:  Hydronic  Hot Air  
Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:	INSPECTIONS	DATES			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.	Appliance	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Mech.	Oil Piping	_____	_____	_____	_____
PLANS APPROVED	Oil Tank	_____	_____	_____	_____
Date: _____	LPG Tank	_____	_____	_____	_____
Approved by: _____	Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL	Fireplace	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____	Other _____	_____	_____	_____	_____
Approved by: _____					

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

**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

# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
\_\_\_\_\_  
Owner in Fee/Occupant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[ ] No Plans Required			Type:	Failure	Failure	Approval
Joint Plan Review Required:			Rough	_____	_____	_____
[ ] Building [ ] Plumbing			Temp. Serv.	_____	_____	_____
[ ] Fire [ ] Elevator			Constr. Serv.	_____	_____	_____
[ ] Elec. Plans Approved			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			Service	_____	_____	_____
			Final	_____	_____	_____
SUBCODE APPROVAL			Temp. Cut-in-Card	Date Issued	_____	_____
[ ] CO [ ] CCO [ ] CA			Final Cut-in-Card	Date Issued	_____	_____
Date: _____						
Approved by: _____						

**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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature \_\_\_\_\_

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors—Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		.....
_____		TOTAL NUMBERS
_____		Pool Permit/with UW Lights
_____		Storable Pool/Spa/Hot Tub
_____		KW Elec. Range/Receptacle
_____		KW Oven/Surface Unit
_____		KW Elec. Water Heater
_____		KW Elec. Dryer/Receptacle
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central A/C Unit
_____		HP/KW Space Heater/Air Handler
_____		KW Baseboard Heat
_____		HP Motors 1/+ HP
_____		KW Transformer/Generator
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Center
_____		KW Elec. Sign/Outline Light
_____		.....
_____		.....

**FEE (Office Use Only)**

TOTAL NUMBERS	\$ _____
Pool Permit/with UW Lights	_____
Storable Pool/Spa/Hot Tub	_____
KW Elec. Range/Receptacle	_____
KW Oven/Surface Unit	_____
KW Elec. Water Heater	_____
KW Elec. Dryer/Receptacle	_____
KW Dishwasher	_____
HP Garbage Disposal	_____
KW Central A/C Unit	_____
HP/KW Space Heater/Air Handler	_____
KW Baseboard Heat	_____
HP Motors 1/+ HP	_____
KW Transformer/Generator	_____
AMP Service	_____
AMP Subpanels	_____
AMP Motor Control Center	_____
KW Elec. Sign/Outline Light	_____
.....	_____
.....	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

# BUILDING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[ ] All	_____	_____	Footing	_____	_____	_____	_____
[ ] Footing	_____	_____	Foundation	_____	_____	_____	_____
[ ] Foundation	_____	_____	Slab	_____	_____	_____	_____
[ ] Frame	_____	_____	Frame	_____	_____	_____	_____
[ ] Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA			Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

**TYPE OF WORK:**

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence \_\_\_\_\_ Height (exceeds 6')
  - [ ] Sign \_\_\_\_\_ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Lead Haz. Abatement
  - [ ] Other \_\_\_\_\_
- [ ] Demolition

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft

Area — Largest Floor \_\_\_\_\_ Sq. Ft.

New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.

Volume of New Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_

2. Alteration \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

1 White = Inspector Copy      2 Canary = Office Copy  
 3 Pink = Office Copy          4 Gold = Applicant Copy