



# FIRE PROTECTION SUBCODE TECHNICAL SECTION

Master Permit #  
Permit #

### 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.

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

[ ] Certified Contractor [ ] Exempt Applicant

**A. IDENTIFICATION - APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL **PA ONE CALL 8-1-1 OR 1-800-242-1776** BEFORE DIGGING.

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

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

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. Exemption Reason (if applicable): \_\_\_\_\_

City of Allentown Business License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Location of Panel: \_\_\_\_\_

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System: \_\_\_\_\_

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other \_\_\_\_\_ Location of Mail Control Valve: \_\_\_\_\_

Location: \_\_\_\_\_

#### Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

| JOB SUMMARY (Office Use Only) |         | INSPECTIONS        |         | DATES (Month/Day) |          |         |
|-------------------------------|---------|--------------------|---------|-------------------|----------|---------|
| PLAN REVIEW                   |         | Type:              | Failure | Failure           | Approval | Initial |
| [ ] No Plans Required _____   | INITIAL |                    |         |                   |          |         |
| 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         |         |                   |          |         |
|                               |         | Smoke Control      |         |                   |          |         |
| SUBCODE APPROVAL              |         | TCO                |         |                   |          |         |
| [ ] CO [ ] CCO [ ] CA         |         | Flam/Combust Tanks |         |                   |          |         |
| Date: _____                   |         | Fireplace Venting  |         |                   |          |         |
| Approved by: _____            |         | Final              |         |                   |          |         |
|                               |         | Other _____        |         |                   |          |         |

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|   | NUMBER                     | FEE (Office Use Only) |
|---|----------------------------|-----------------------|
| Flammable / Combustible Tanks                       | _____                      | _____                 |
| <b>Alarm Systems</b>                                |                            |                       |
| [ ] System  | _____                      | _____                 |
| [ ] 110v Interconnected                             | _____                      | _____                 |
| [ ] CO Detectors/110v                               | _____                      | _____                 |
| Alarm Devices (i.e., smoke, heat, pulls, waterflow) | _____                      | _____                 |
| Supervisory Devices (i.e., tampers, low/high air)   | _____                      | _____                 |
| Signaling Devices (i.e., horn/strobes, bells)       | _____                      | _____                 |
| Other Devices _____                                 | _____                      | _____                 |
| <b>TOTAL</b>  | _____                      | _____                 |
| <b>Suppression Systems</b>                          |                            |                       |
| Fire Pump _____ GPM Type _____                      | _____                      | _____                 |
| Dry Pipe / Alarm Valves                             | _____                      | _____                 |
| Pre-Action Valves                                   | _____                      | _____                 |
| Sprinkler Heads (Dry and Wet)                       | _____                      | _____                 |
| Standpipes  | _____                      | _____                 |
| <b>Pre-engineered Systems</b>                       |                            |                       |
| Wet Chemical  | _____                      | _____                 |
| Dry Chemical  | _____                      | _____                 |
| CO <sup>2</sup> Suppression                         | _____                      | _____                 |
| Foam Suppression                                    | _____                      | _____                 |
| FM200 Suppression                                   | _____                      | _____                 |
| Other _____   | _____                      | _____                 |
| <b>Other Systems</b>                                |                            |                       |
| Kitchen Hood Exhaust System                         | _____                      | _____                 |
| Smoke Control System                                | _____                      | _____                 |
| Fired Appliances [ ] Gas or [ ] Oil                 | _____                      | _____                 |
| Fireplace Venting / Metal Chimney                   | _____                      | _____                 |
| Other _____   | _____                      | _____                 |
|   | Archive Fee                | \$ _____              |
|   | Certificate of Occupancy   | \$ _____              |
|   | State Permit Surcharge Fee | \$ _____              |
|   | <b>TOTAL FEE</b>           | \$ _____              |

