



## FINISHED BASEMENTS

### A HOMEOWNERS GUIDE TO APPLYING FOR A PERMIT

Converting an unfinished basement into additional living space in a home is a very popular home improvement project. This information packet has been designed to assist homeowners to prepare their permit application when they are designing a finished basement project themselves for their own private residence. The topics covered will include the following:

1. The application itself.
2. Building elements such as framing, fire blocking, and insulation.
3. Electrical requirements.
4. Plumbing requirements.
5. Special requirements for bedrooms in basements.
6. Plan Review, inspections, and closing your permit.



Whether you are planning on doing the work yourself or hiring a contractor, this information will assist you so that your application process can go smoothly and ensure that all aspects of the project have been accounted for during your planning phase.

## PERMIT APPLICATION

When applying for a construction permit, the first step is to get a permit application jacket along with several forms. These forms are available at the construction office or on the Township website and is governed by the New Jersey Uniform Construction Code, otherwise known as the UCC or Administrative Code. This code is regulated by the New Jersey Department of Community Affairs and is the law that governs the permitting process throughout the state.

The first form is the Construction Permit Application (Form FI00-1-3). Make sure that boxes 1 and 2 are filled out as completely as possible. If you are designing the project yourself, and/or you plan on doing all of the work yourself, then simply put "self" as principle contractor and/or architect or engineer. Next, on page 2 you will find "Certification in Lieu of Oath." This page must be signed by either the homeowner (if the homeowner is the designer), or the agent (if the design is made by an architect or engineer). Please note: According to New Jersey law, only owner occupants of single family homes or NJ licensed architects can prepare plans for home improvement projects. **Home improvement contractors are not authorized to prepare plans for your project.**

## BUILDING

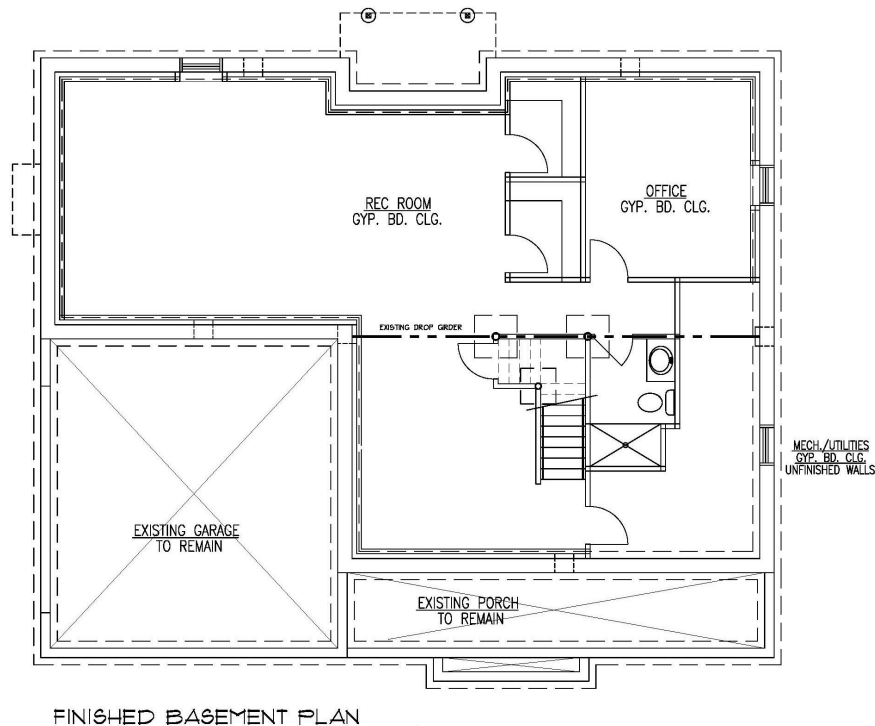
Your application must include pictures of what you intend your finished basement to look like when it is completed. It doesn't have to be a great work of art or drawn on a computer, but it does need to be drawn to scale and contain enough details so that we can make sure that all of the elements you intend to include meet or exceed the code standards (see the UCC citation to the right). Clarity is more important than neatness.

To show compliance with the Building Code, please include plan drawings and section drawings.

**NJAC 5:23-2.15(F)1:** Plans and specifications. The application for the permit shall be accompanied by no fewer than two copies of the specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall be required to show only such detail and include only such information as shall be necessary to demonstrate compliance with the requirements of the code and these regulations or to facilitate inspections for code conformity.

## PLAN DRAWING

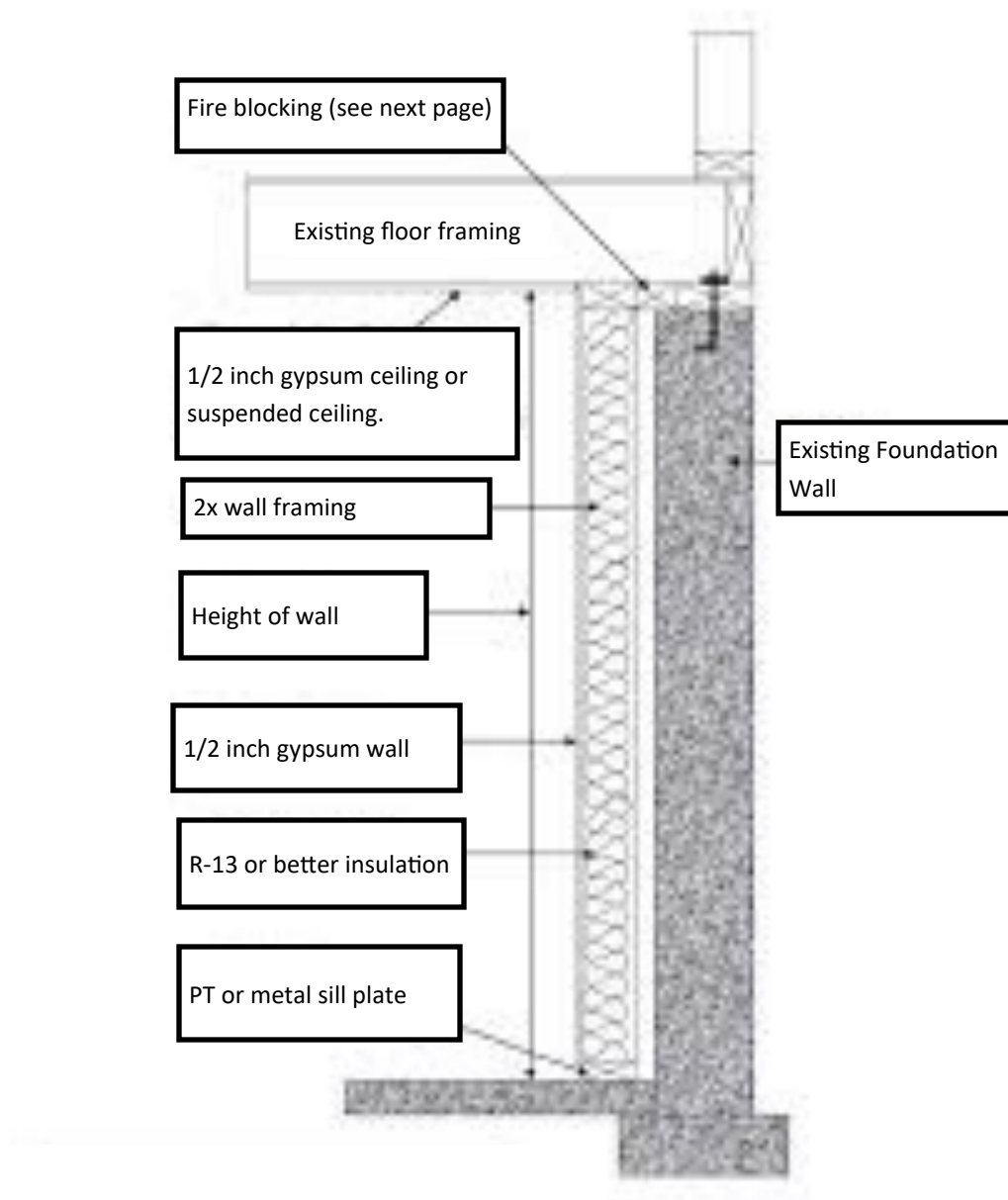
A plan drawing is the overhead view of the space within the scope of work. Locations of walls, doors, stairs, mechanical and plumbing equipment, or any other permanent elements should be identified on this drawing. If there are any existing walls or other elements that are not going to be removed, identify those elements as "existing" or, even better, provide another plan drawing showing how the space is currently configured so that all *alterations* to the space can be clearly identified. Make sure you identify the primary intended purpose for each room on this drawing such as playroom, family room, bathroom, office, gym, etc.



## BUILDING

The section drawing shows a side view of a typical wall as if you were looking at a slice of the wall. This drawing shows important details pertaining to the construction of the wall including materials, insulation, and fire blocking.

### FINISHED BASEMENT WALL SECTION



## FIREBLOCKING

Fire blocking is the most commonly misunderstood framing detail when remodeling a home. The International Residential Code defines fire blocking as materials that are "installed to resist the free passage of flame to other areas of the building through concealed spaces." In other words, we are trying to slow the spread of fire through the structure of the house through areas that we cannot readily see, such as behind walls and ceilings.

The area between the studs in walls are concealed spaces. The area between the framing members of the ceiling system above you is another concealed space. Fire blocking uses an approved building material to separate the concealed air space inside the walls from the concealed air space in the floor/ceiling systems so that a fire inside the wall cannot spread quickly through the house framing.

Therefore, fire blocking is to be provided in the following areas:

- A. In all concealed spaces that connect vertical and horizontal cavities, such as where the top of the wall meets the ceiling framing above and the floor framing below (see illustration below).
- B. At openings created around pipes, ducts, cables, and wires. All holes that are drilled into the top plate or the bottom plate for any reason must have the space around the penetrating item filled completely with material such as an approved caulk or mineral wool insulation.

For more information, see sections R302.11 and R302.11.1 in the 2021 International Residential Code.

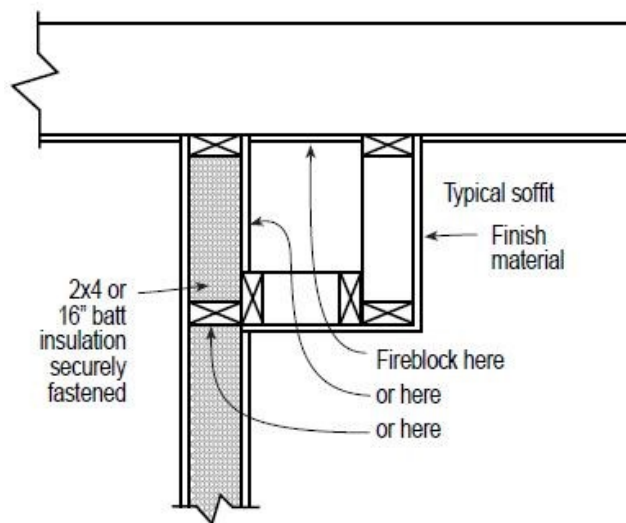
### **\*\* PLEASE NOTE \*\***

One needs to be very careful in choosing to use a foam sealant as fire-blocking material. It has come to our attention that several products that are marketed as "FIREBLOCK" or "FIRE SEAL" are NOT APPROVED as fire-blocking material in most situations in residential homes.

If using one of these products, please carefully look at the fine print on the label of the product and make sure that it has been tested and approved by one of the following standards:

ASTM E119 and/ or UL 263

If the label does not have one or both of these standards on it, the product is NOT approved as fire-block material and will need to be removed if installed.



## FILLING OUT YOUR BUILDING APPLICATION

When filling out the Building Subcode Technical Section (UCC F110). there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, and Federal Employment ID number are included in Section A.
2. In Section B, the most important piece of information for this type of project is the Estimated Cost of Building Work. The entire cost of the building portion is placed under number 2: Rehabilitation. Included in this amount is the estimated (and realistic) cost of materials and labor. Even if you plan on doing the work yourself and/or getting your materials for little or no cost, your estimated cost is what a professional contractor would charge you as if they were doing all the work and purchasing all new materials.
3. Make sure you sign Section C.
4. In the box in Section D, simply write a general overview or brief description of your project such as "Finished Basement". Check the box for "Rehabilitation" under type of work.
5. Don't forget to include at least two copies of your plan and section drawings with your application if required.

|  <div style="display: inline-block; text-align: center;">  </div> <p><b>BUILDING SUBCODE<br/>TECHNICAL SECTION</b></p> <p><b>A. IDENTIFICATION—APPLICANT:</b> COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.</p> <p>Block _____ Lot _____ Qualification Code _____</p> <p>Work Site Location _____</p> <p>Owner in Fee _____</p> <p>Address _____</p> <p>Tel. (____) _____</p> <p>Contractor _____</p> <p>Address _____</p> <p>Tel. (____) _____ FAX (____) _____</p> <p>Contractor License No. or Builder Registration No. _____</p> <p>Federal Emp. No. _____</p> | <p style="text-align: right;">Date Received<br/>Control # _____</p> <p style="text-align: right;">Date Issued<br/>Permit # _____</p> <p><b>C. CERTIFICATION IN LIEU OF OATH</b></p> <p>I hereby certify that I am the (agent of) owner of record and am authorized to make this application.</p> <p>Signature _____</p> <p><b>D. TECHNICAL SITE DATA</b></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> <p style="text-align: center; margin-top: 5px;">DESCRIPTION OF WORK</p> </div> | <p><b>JOB SUMMARY (Office Use Only)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PLAN REVIEW</th> <th>Date</th> <th>Initial</th> <th>INSPECTIONS</th> <th colspan="4">Dates (Month/Day)</th> </tr> <tr> <th></th> <th></th> <th></th> <th>Type:</th> <th>Failure</th> <th>Failure</th> <th>Approval</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> No Plans Required</td> <td>____</td> <td>____</td> <td>Footing</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> All</td> <td>____</td> <td>____</td> <td>Footing Bonding</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> Footing</td> <td>____</td> <td>____</td> <td>Foundation</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td>____</td> <td>____</td> <td>Slab</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> Frame</td> <td>____</td> <td>____</td> <td>Frame</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>____</td> <td>____</td> <td>Truss Sys./Bracing</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Barrier-Free</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td>Joint Plan Review Required:</td> <td></td> <td></td> <td>Insulation</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator</td> <td></td> <td></td> <td>Finishes -Base Layer</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Finishes -Final</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><b>SUBCODE APPROVAL</b></td> <td></td> <td></td> <td>Energy</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td><input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA</td> <td></td> <td></td> <td>Mechanical</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td>Date: _____</td> <td></td> <td></td> <td>TCO</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td>Approved by: _____</td> <td></td> <td></td> <td>Other</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Final</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Barrier-Free</td> <td>____</td> <td>____</td> <td>____</td> <td>____</td> </tr> </tbody> </table> | PLAN REVIEW          | Date              | Initial | INSPECTIONS | Dates (Month/Day) |  |  |  |  |  |  | Type: | Failure | Failure | Approval | Initial | <input type="checkbox"/> No Plans Required | ____ | ____ | Footing | ____ | ____ | ____ | ____ | <input type="checkbox"/> All | ____ | ____ | Footing Bonding | ____ | ____ | ____ | ____ | <input type="checkbox"/> Footing | ____ | ____ | Foundation | ____ | ____ | ____ | ____ | <input type="checkbox"/> Foundation | ____ | ____ | Slab | ____ | ____ | ____ | ____ | <input type="checkbox"/> Frame | ____ | ____ | Frame | ____ | ____ | ____ | ____ | <input type="checkbox"/> Other | ____ | ____ | Truss Sys./Bracing | ____ | ____ | ____ | ____ |  |  |  | Barrier-Free | ____ | ____ | ____ | ____ | Joint Plan Review Required: |  |  | Insulation | ____ | ____ | ____ | ____ | <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |  |  | Finishes -Base Layer | ____ | ____ | ____ | ____ |  |  |  | Finishes -Final | ____ | ____ | ____ | ____ | <b>SUBCODE APPROVAL</b> |  |  | Energy | ____ | ____ | ____ | ____ | <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  |  | Mechanical | ____ | ____ | ____ | ____ | Date: _____ |  |  | TCO | ____ | ____ | ____ | ____ | Approved by: _____ |  |  | Other | ____ | ____ | ____ | ____ |  |  |  | Final | ____ | ____ | ____ | ____ |  |  |  | Barrier-Free | ____ | ____ | ____ | ____ |
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| Joint Plan Review Required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      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| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      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                                                                                          | Finishes -Base Layer | ____              | ____    | ____        | ____              |  |  |  |  |  |  |       |         |         |          |         |                                            |      |      |         |      |      |      |      |                              |      |      |                 |      |      |      |      |                                  |      |      |            |      |      |      |      |                                     |      |      |      |      |      |      |      |                                |      |      |       |      |      |      |      |                                |      |      |                    |      |      |      |      |  |  |  |              |      |      |      |      |                             |  |  |            |      |      |      |      |                                                                                   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                                                                                          | Finishes -Final      | ____              | ____    | ____        | ____              |  |  |  |  |  |  |       |         |         |          |         |                                            |      |      |         |      |      |      |      |                              |      |      |                 |      |      |      |      |                                  |      |      |            |      |      |      |      |                                     |      |      |      |      |      |      |      |                                |      |      |       |      |      |      |      |                                |      |      |                    |      |      |      |      |  |  |  |              |      |      |      |      |                             |  |  |            |      |      |      |      |                                                                                   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| <b>SUBCODE APPROVAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      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| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      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| Approved by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      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                                                                                          | Barrier-Free         | ____              | ____    | ____        | ____              |  |  |  |  |  |  |       |         |         |          |         |                                            |      |      |         |      |      |      |      |                              |      |      |                 |      |      |      |      |                                  |      |      |            |      |      |      |      |                                     |      |      |      |      |      |      |      |                                |      |      |       |      |      |      |      |                                |      |      |                    |      |      |      |      |  |  |  |              |      |      |      |      |                             |  |  |            |      |      |      |      |                                                                                   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| <p><b>B. BUILDING CHARACTERISTICS</b></p> <p>Use Group Present _____ Proposed _____</p> <p>Constr. Class Present _____ Proposed _____</p> <p>No. of Stories _____</p> <p>Height of Structure _____ Ft.</p> <p>Area — Largest Floor _____ Sq. Ft.</p> <p>New Bldg. Area/All Floors _____ Sq. Ft.</p> <p>Volume of New Structure _____ Cu. Ft.</p> <p>Total Land Area Disturbed _____ Sq. Ft.</p>                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Est. Cost of Bldg. Work:</b></p> <p>1. New Bldg. \$ _____</p> <p>2. Rehabilitation \$ _____</p> <p>3. Total (1+2) \$ _____</p>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                   |         |             |                   |  |  |  |  |  |  |       |         |         |          |         |                                            |      |      |         |      |      |      |      |                              |      |      |                 |      |      |      |      |                                  |      |      |            |      |      |      |      |                                     |      |      |      |      |      |      |      |                                |      |      |       |      |      |      |      |                                |      |      |                    |      |      |      |      |  |  |  |              |      |      |      |      |                             |  |  |            |      |      |      |      |                                                                                                                                |  |  |                      |      |      |      |      |  |  |  |                 |      |      |      |      |                         |  |  |        |      |      |      |      |                                                                                      |  |  |            |      |      |      |      |             |  |  |     |      |      |      |      |                    |  |  |       |      |      |      |      |  |  |  |       |      |      |      |      |  |  |  |              |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>FEE (Office Use Only)</b></p> <p>\$ _____</p> <p>Administrative Surcharge \$ _____</p> <p>Minimum Fee \$ _____</p> <p>State Permit Surcharge Fee \$ _____</p> <p><b>TOTAL FEE \$ _____</b></p>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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U.C.C. F110  
(rev. 07/03)

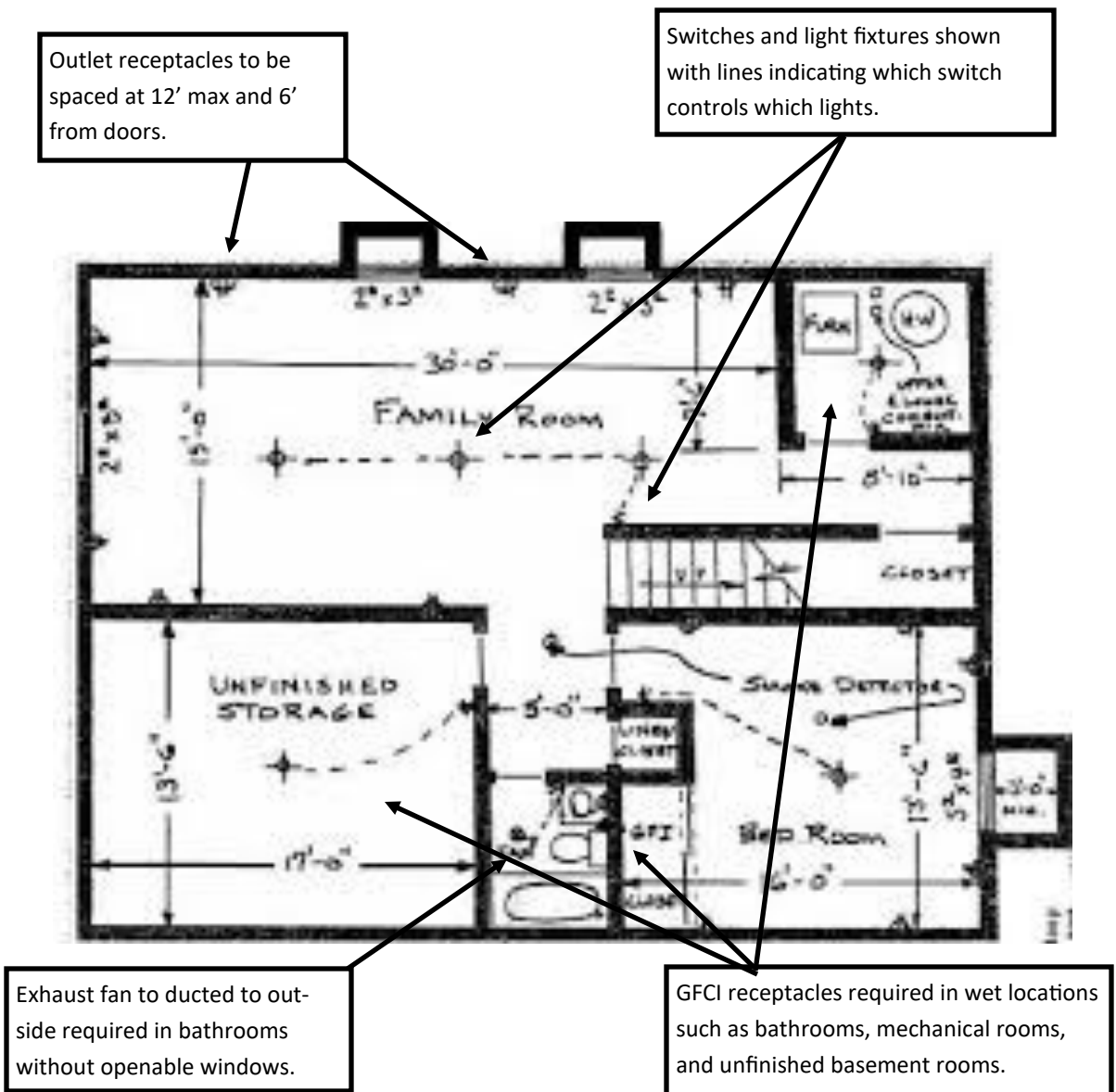
1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

## ELECTRICAL

**WARNING:** Due to the inherent risks involved with working with electricity, depending on your comfort level and experience, we would highly recommend that you hire a professional, NJ licensed, electrical contractor to help design and install the electrical components in your project. A licensed electrical contractor can fill out the electrical permit form for you and place their raised seal on your design or on a design that they draw up based on your input. The design can also be made by a NJ licensed design professional such as an architect or engineer. If, however, you feel that you are experienced and knowledgeable enough to do your own electrical work, you are allowed to do so provided that you are doing the work in your own primary residence. Just bear in mind that it is not the duty of the electrical inspector to train or instruct you as to the proper way to complete your project, and you are assuming all responsibility and liability should your project have any mishaps.

The locations of outlet receptacles, switches, and permanent light fixtures should be identified on your plan drawing, as in the example below.



## FILLING OUT YOUR ELECTRICAL APPLICATION

When filling out the Electrical Subcode Technical Section (UCC F120), there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor
2. In Section B, include just the Estimated Cost of Electrical Work.
3. Make sure you or your contractor sign Section C.
4. In the box in Section D, simply write a two to six word description of your project such as "Finished Basement". Check the box for "Rehabilitation" under type of work. Count up all of the electrical elements on your plan and place those numbers on the quantity table.
5. Don't forget to include at least two copies of your plan drawings with your application showing the locations of all electrical elements. If your electrical contractor prepared the drawing, make sure their raised seal is on the drawing.

| UCC F120 (rev. 07/03)                                                                                                                                        |  | ELECTRICAL SUBCODE<br>TECHNICAL SECTION |  | Date Received<br>Control #                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.</b> |  |                                         |  | <b>C. CERTIFICATION IN LIEU OF OATH</b>                                                                                                               |  |
| Block _____ Lot _____ Qualification Code _____                                                                                                               |  |                                         |  | 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. |  |
| Work Site Location _____                                                                                                                                     |  |                                         |  | Applicant's Signature/Contractor's Seal and Signature _____                                                                                           |  |
| Owner in Fee _____                                                                                                                                           |  |                                         |  | [ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant                                                          |  |
| Address _____                                                                                                                                                |  |                                         |  | <b>D. TECHNICAL SITE DATA</b>                                                                                                                         |  |
| Tel (_____) _____                                                                                                                                            |  |                                         |  | QTY. SIZE ITEMS                                                                                                                                       |  |
| Contractor _____                                                                                                                                             |  |                                         |  | Lighting Fixtures                                                                                                                                     |  |
| Address _____                                                                                                                                                |  |                                         |  | Receptacles                                                                                                                                           |  |
| Tel (_____) _____ FAX (_____) _____                                                                                                                          |  |                                         |  | Switches                                                                                                                                              |  |
| Contractor License No. _____                                                                                                                                 |  |                                         |  | Detectors                                                                                                                                             |  |
| Federal Emp. No. _____                                                                                                                                       |  |                                         |  | Light Poles                                                                                                                                           |  |
| <b>B. ELECTRICAL CHARACTERISTICS</b>                                                                                                                         |  |                                         |  | Motors—Fract. HP                                                                                                                                      |  |
| Use Group Present _____ Proposed _____                                                                                                                       |  |                                         |  | Emergency & Exit Lights                                                                                                                               |  |
| [ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____                                                                                                           |  |                                         |  | Communications Points                                                                                                                                 |  |
| Building Occupied as _____ Utility Co. _____                                                                                                                 |  |                                         |  | Alarm Devices/F.A.C. Panel                                                                                                                            |  |
| Est. Cost of Elec. Work \$ _____                                                                                                                             |  |                                         |  | TOTAL NUMBERS                                                                                                                                         |  |
| <b>JOB SUMMARY (Office Use Only)</b>                                                                                                                         |  |                                         |  | Pool Permit/with UW Lights                                                                                                                            |  |
| PLAN REVIEW Date Initial                                                                                                                                     |  |                                         |  | Storable Pool/Spa/Hot Tub                                                                                                                             |  |
| [ ] No Plans Required                                                                                                                                        |  |                                         |  | KW Elec. Range/Receptacle                                                                                                                             |  |
| Joint Plan Review Required:                                                                                                                                  |  |                                         |  | KW Oven/Surface Unit                                                                                                                                  |  |
| [ ] Building [ ] Plumbing                                                                                                                                    |  |                                         |  | KW Elec. Water Heater                                                                                                                                 |  |
| [ ] Fire [ ] Elevator                                                                                                                                        |  |                                         |  | KW Elec. Dryer/Receptacle                                                                                                                             |  |
| [ ] Elec. Plans Approved                                                                                                                                     |  |                                         |  | KW Dishwasher                                                                                                                                         |  |
| Date: _____                                                                                                                                                  |  |                                         |  | HP Garbage Disposal                                                                                                                                   |  |
| Approved by: _____                                                                                                                                           |  |                                         |  | KW Central A/C Unit                                                                                                                                   |  |
| SUBCODE APPROVAL                                                                                                                                             |  |                                         |  | HP/KW Space Heater/Air Handler                                                                                                                        |  |
| [ ] CO [ ] CCO [ ] CA                                                                                                                                        |  |                                         |  | KW Baseboard Heat                                                                                                                                     |  |
| Date: _____                                                                                                                                                  |  |                                         |  | HP Motors 1/+ HP                                                                                                                                      |  |
| Approved by: _____                                                                                                                                           |  |                                         |  | KW Transformer/Generator                                                                                                                              |  |
| INSPECTIONS                                                                                                                                                  |  |                                         |  | AMP Service                                                                                                                                           |  |
| Type: Failure Failure Approval Initial                                                                                                                       |  |                                         |  | AMP Subpanels                                                                                                                                         |  |
| Rough                                                                                                                                                        |  |                                         |  | AMP Motor Control Center                                                                                                                              |  |
| Barrier-Free                                                                                                                                                 |  |                                         |  | KW Elec. Sign/Outline Light                                                                                                                           |  |
| Trench                                                                                                                                                       |  |                                         |  |                                                                                                                                                       |  |
| Temp. Serv.                                                                                                                                                  |  |                                         |  |                                                                                                                                                       |  |
| Constr. Serv.                                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| TCO                                                                                                                                                          |  |                                         |  |                                                                                                                                                       |  |
| Other                                                                                                                                                        |  |                                         |  |                                                                                                                                                       |  |
| Service                                                                                                                                                      |  |                                         |  |                                                                                                                                                       |  |
| Final                                                                                                                                                        |  |                                         |  |                                                                                                                                                       |  |
| Barrier-Free                                                                                                                                                 |  |                                         |  |                                                                                                                                                       |  |
| Temp. Cut-in-Card Date Issued                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| Final Cut-in-Card Date Issued                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| Annual Pool Inspection                                                                                                                                       |  |                                         |  |                                                                                                                                                       |  |
| Date of Grounding and Bonding                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| Certification                                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| FEE (Office Use Only)                                                                                                                                        |  |                                         |  |                                                                                                                                                       |  |
| Administrative Surcharge \$                                                                                                                                  |  |                                         |  |                                                                                                                                                       |  |
| Minimum Fee \$                                                                                                                                               |  |                                         |  |                                                                                                                                                       |  |
| State Permit Surcharge Fee \$                                                                                                                                |  |                                         |  |                                                                                                                                                       |  |
| TOTAL FEE \$                                                                                                                                                 |  |                                         |  |                                                                                                                                                       |  |

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



Remember, working with electricity can be very dangerous to yourself and to your family. Only those who have received proper training should attempt to install electrical wiring or equipment.

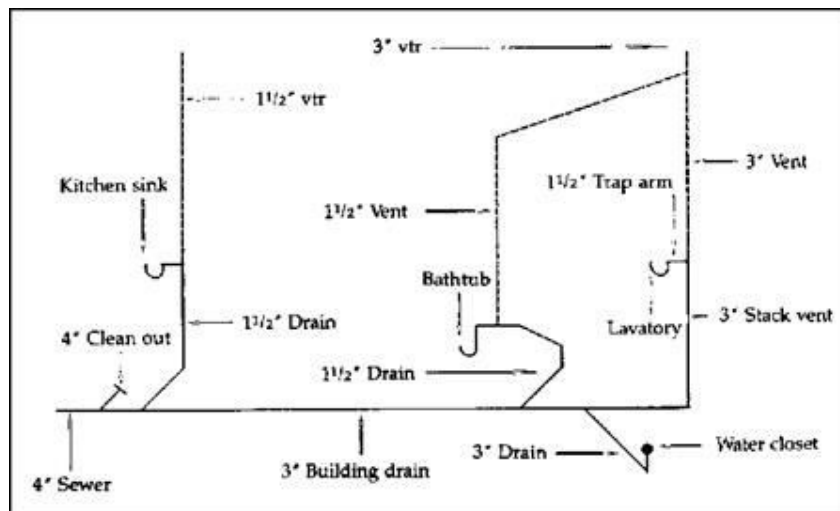
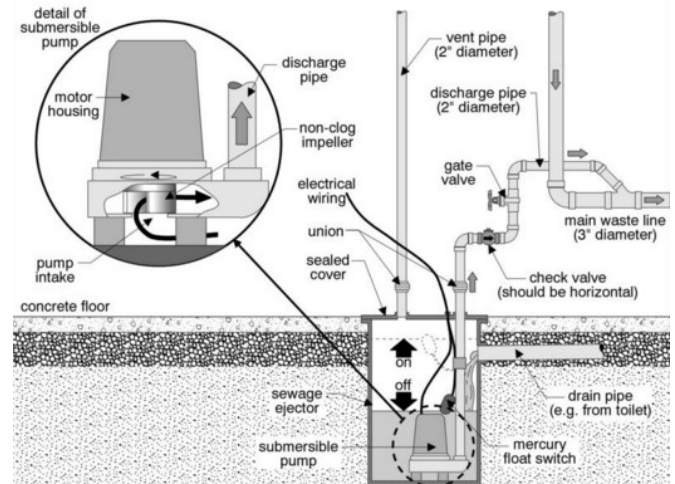
# PLUMBING

**WARNING:** Similar to electrical, depending on your comfort level and experience, we would highly recommend that you hire a professional, NJ licensed, plumbing contractor to help design and install the plumbing components in your project. A licensed plumbing contractor can fill out the plumbing permit form for you and place their raised seal on your design or on a design that they draw up based on your input. The design can also be made by a NJ licensed design professional such as an architect or engineer. If, however, you feel that you are experienced and knowledgeable enough to do your own plumbing work, you are allowed to do so provided that you are doing the work in your own primary residence. Just bear in mind that it is not the duty of the plumbing inspector to train or instruct you as to the proper way to complete your project, and you are assuming all responsibility and liability should your project have any mishaps.

## Adding a Bathroom

Including plumbing fixtures such as bathrooms or sinks into your project is a very popular option for many finished basements. In many cases, however, the main sewer or septic drain for the home is going to be located above the basement floor which requires some kind of pump to get the effluent out of the house. There are special toilets on the market today that have built-in macerators and pumps or you could install a small pump below a bar sink if you aren't adding a bathroom. Another option is to install a sewage ejection pump below your basement floor like the one pictured to the right.

Adding plumbing will also require submission of a "riser diagram". The example below represents a simple drain diagram showing the sizes of the pipes and the materials to be used. If you are not comfortable drawing a riser diagram, your licensed plumber can draw one for you and submit it with your application.



## FILLING OUT YOUR PLUMBING APPLICATION

When filling out the Plumbing Subcode Technical Section (UCC F130), there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor.
2. In Section B, include just the Estimated Cost of Plumbing work. Also, please indicate whether your water and sewer is public or private.
3. Make sure you or your contractor sign Section C.
4. In Section D, "Technical Site Data", count up all of the plumbing elements on your plan and place those numbers on the quantity table. And, in case you didn't know, a "Water Closet" is a toilet and a "Lavatory" is a bathroom sink.
5. If required, include at least two copies of your riser diagrams with your application showing the type and sizes of the plumbing pipes. If your plumbing contractor prepared the drawing, make sure their raised seal is on the drawing and on the application.



**PLUMBING SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Control # \_\_\_\_\_

Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel (\_\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
 Contractor License 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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**SUBCODE APPROVAL**

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

| INSPECTIONS<br>Type: | Dates (Month/Day) |         |          |         |
|----------------------|-------------------|---------|----------|---------|
|                      | Failure           | Failure | Approval | Initial |
| Slab                 |                   |         |          |         |
| Rough                |                   |         |          |         |
| Water                |                   |         |          |         |
| Sewer                |                   |         |          |         |
| Fixtures             |                   |         |          |         |
| Gas Equipment        |                   |         |          |         |
| Gas Piping           |                   |         |          |         |
| LP Gas Tank          |                   |         |          |         |
| Fuel Oil Piping      |                   |         |          |         |
| Solar                |                   |         |          |         |
| TCO                  |                   |         |          |         |

**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               | _____                 |
| _____ | LP Gas Tank              | _____                 |
| _____ | Steam Boiler             | _____                 |
| _____ | Hot Water Boiler         | _____                 |
| _____ | Sewer Pump               | _____                 |
| _____ | Interceptor/Separator    | _____                 |
| _____ | Backflow Preventer       | _____                 |
| _____ | Greasetrap               | _____                 |
| _____ | Sewer Connection         | _____                 |
| _____ | Water Service Connection | _____                 |
| _____ | Stacks                   | _____                 |
| _____ | Other _____              | _____                 |
| _____ | Other _____              | _____                 |

Administrative Surcharge \$ \_\_\_\_\_

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

State Permit Surcharge Fee \$ \_\_\_\_\_

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

U.C.C. F130  
(rev. 01/04)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

## FIRE PROTECTION

Typically, a Fire Protection permit application is not required for most finished basement projects. However, if you intend to create an additional bedroom in your basement, you will need a Fire permit for the additional smoke and carbon monoxide alarms that are required. Also, if your home has a private septic system, you will need county approval for the potential additional strain on your existing system.

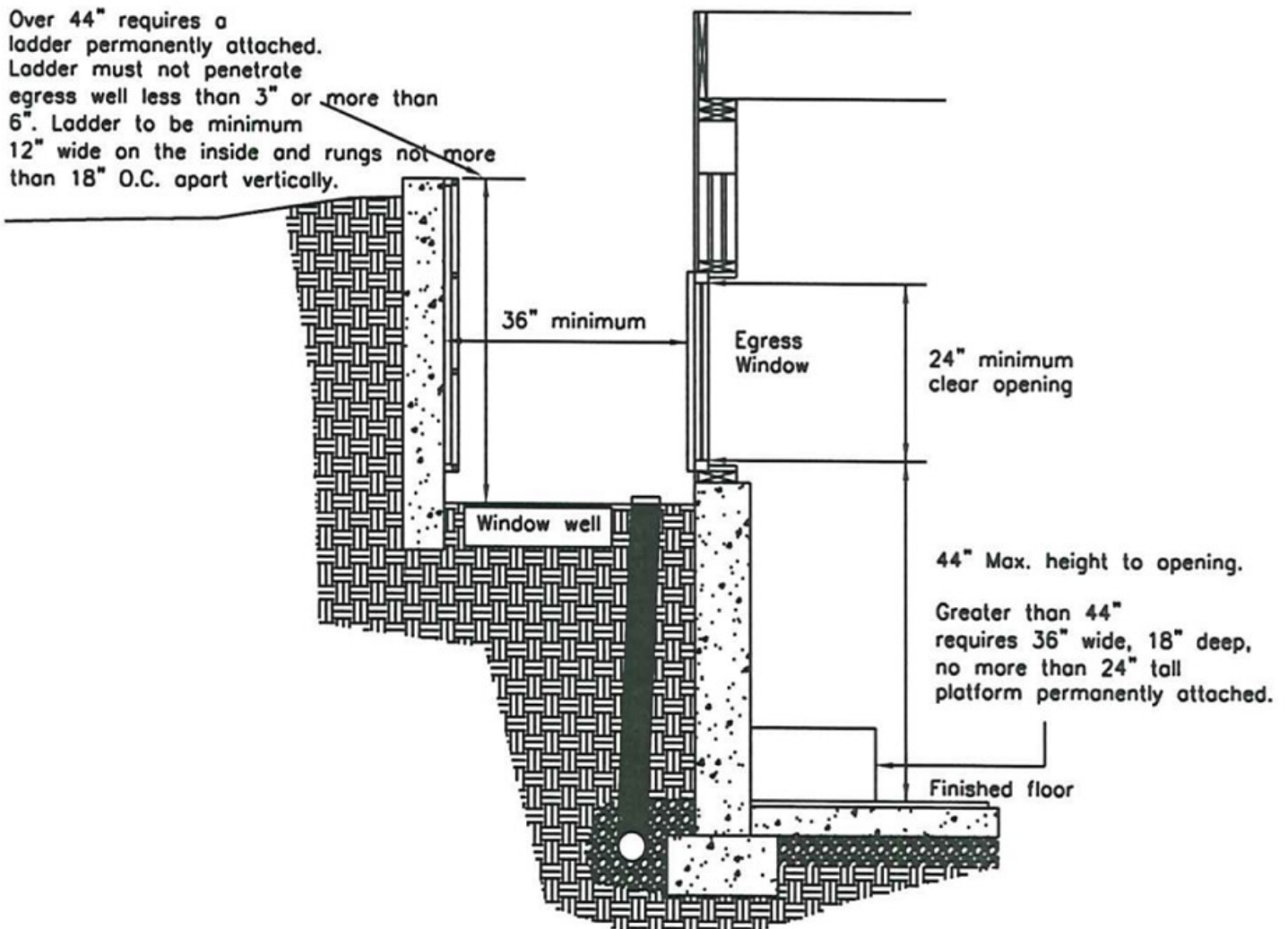
Every room in a basement being used as a bedroom must have a way to escape directly to the outdoors in the event of a fire. Most residential homes are not designed to have bedrooms in the basement, and if the only way to escape the house from the basement is using the interior basement stairs, people could become easily trapped at great risk to their lives.

The solution is to install an emergency escape window well into the foundation of the home. See the illustration below. Of course, cutting a large opening in your foundation will have structural implications so it is highly advisable to consult a NJ licensed structural engineer for a design.

### SMOKE/ CARBON MONOXIDE ALARMS

**Smoke alarms** are required in each sleeping room, outside and in the immediate vicinity of each sleeping room (such as a hallway) and at least one unit on each level of the home including basements and habitable attics. Smoke alarms are not required in crawl spaces or unfinished attics.

**Carbon monoxide alarms** are required in homes that have fuel-burning appliances and/ or an attached garage. They are to be located outside and in the immediate vicinity of each sleeping room (such as a hallway). CO alarms are not required anywhere else in the home. Combination smoke/ CO alarms may be installed in lieu of two separate units where both smoke and carbon monoxide alarms are required.



## FILLING OUT YOUR FIRE PROTECTION APPLICATION

When filling out the Fire Protection Subcode Technical Section (UCC F140), there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor. Alarm systems are typically installed by either a specialized alarm system contractor or a NJ licensed electrical contractor.
2. In Section B, include just the Estimated Cost of Fire protection portion of the work. If installing an emergency escape window well as discussed on the previous page, the cost of that work will go on the Building Technical Subcode Section.
3. Make sure you or your contractor sign Section C.
4. In the box in Section D, simply write "Finished Basement". Under "Alarm Systems", place the number of smoke and carbon monoxide alarms included in the scope of your project.
5. Don't forget to include at least two copies of your plan drawings with your application showing the locations of all alarms. If your electrical contractor prepared the drawing, they can place the smoke and CO alarms on the electrical plans.

| <b>FIRE PROTECTION SUBCODE TECHNICAL SECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | Date Received<br>Control # _____<br><br>Date Issued<br>Permit # _____ |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
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| <b>A. IDENTIFICATION—APPLICANT:</b> COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Block _____ Lot _____ Qualification Code _____<br>Work Site Location _____<br>Owner in Fee: _____<br>Tel. (____) _____ e-mail _____<br>Address _____ street _____ municipality _____ zip code _____<br>Contractor: _____ Tel. (____) _____<br>Address _____ e-mail _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <b>B. FIRE PROTECTION CHARACTERISTICS</b><br>Use Group: Present _____ Proposed _____ Fuel Storage Tank:<br>Constr. Class: Present _____ Proposed _____ Fuel Type: <input type="checkbox"/> Flammable OR <input type="checkbox"/> Combustible<br>Heating System: <input type="checkbox"/> New OR <input type="checkbox"/> Modification to Existing OR <input type="checkbox"/> Conversion OR <input type="checkbox"/> Replacement Capacity _____<br>Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other _____<br>Location: _____<br>Total Cost of Fire Protection Work \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <b>C. CERTIFICATION IN LIEU OF OATH</b><br>I hereby certify that I am the (agent of) owner of record and am authorized to make this application.<br>Applicant sign/Contractor sign and seal here: _____<br>Print name here: _____<br>[ <input type="checkbox"/> ] Certified Contractor [ <input type="checkbox"/> ] Exempt Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <b>D. TECHNICAL SITE DATA</b><br>DESCRIPTION OF WORK:<br>Water Supply Source _____<br>Method of Alarm/Suppression System Supervision _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Flammable/Combustible Tanks</th> <th style="width: 10%;">NUMBER</th> <th style="width: 20%;">FEE (Office Use Only)</th> </tr> </thead> <tbody> <tr> <td><b>Alarm Systems</b></td> <td></td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> System</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 110v Interconnected</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CO Detectors/110v</td> <td></td> <td></td> </tr> <tr> <td>Alarm Devices (i.e., smoke, heat, pulls, water/flow)</td> <td></td> <td></td> </tr> <tr> <td>Supervisory Devices (i.e., tampers, low/high air)</td> <td></td> <td></td> </tr> <tr> <td>Signaling Devices (i.e., horn/strobes, bells)</td> <td></td> <td></td> </tr> <tr> <td>Other Devices _____</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> </tr> <tr> <td><b>Suppression Systems</b></td> <td></td> <td></td> </tr> <tr> <td>Fire Pump _____ GPM Type _____</td> <td></td> <td></td> </tr> <tr> <td>Dry Pipe/Alarm Valves</td> <td></td> <td></td> </tr> <tr> <td>Pre-action Valves</td> <td></td> <td></td> </tr> <tr> <td>Sprinkler Heads (Dry and Wet)</td> <td></td> <td></td> </tr> <tr> <td>Standpipes</td> <td></td> <td></td> </tr> <tr> <td><b>Pre-engineered Systems</b></td> <td></td> <td></td> </tr> <tr> <td>Wet Chemical</td> <td></td> <td></td> </tr> <tr> <td>Dry Chemical</td> <td></td> <td></td> </tr> <tr> <td>CO<sub>2</sub> Suppression</td> <td></td> <td></td> </tr> <tr> <td>Foam Suppression</td> <td></td> <td></td> </tr> <tr> <td>FM200 Suppression</td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> <tr> <td><b>Other Systems</b></td> <td></td> <td></td> </tr> <tr> <td>Kitchen Hood Exhaust System</td> <td></td> <td></td> </tr> <tr> <td>Smoke Control System</td> <td></td> <td></td> </tr> <tr> <td>Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid</td> <td></td> <td></td> </tr> <tr> <td>Fireplace Venting/Metal Chimney</td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                        |        |                                                                       | Flammable/Combustible Tanks   | NUMBER  | FEE (Office Use Only) | <b>Alarm Systems</b> |  | \$ _____ | <input type="checkbox"/> System |  |             | <input type="checkbox"/> 110v Interconnected |       |         | <input type="checkbox"/> CO Detectors/110v |          |         | 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 |  |  | <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 <sub>2</sub> Suppression |            |  | Foam Suppression |  |  | FM200 Suppression |                                                                                                                              |  | Other _____   |  |  | <b>Other Systems</b> |  |  | Kitchen Hood Exhaust System |  |     | Smoke Control System |  |  | Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid |  |             | Fireplace Venting/Metal Chimney |                    |  | Other _____ |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Flammable/Combustible Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER | FEE (Office Use Only)                                                 |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <b>Alarm Systems</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | \$ _____                                                              |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> 110v Interconnected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> CO Detectors/110v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <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 <sub>2</sub> Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Foam Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| FM200 Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <b>Other Systems</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Kitchen Hood Exhaust System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Smoke Control System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Fireplace Venting/Metal Chimney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">JOB SUMMARY (Office Use Only)</th> <th colspan="4" style="text-align: left;">INSPECTIONS</th> <th colspan="2" style="text-align: left;">Dates (Month/Day)</th> </tr> </thead> <tbody> <tr> <td colspan="2">PLAN REVIEW</td> <td>Type:</td> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> No Plans Required</td> <td>Alarm System</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Partial - Underslab Utilities Approved</td> <td>Suppression Sys.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Date: _____ Approved by: _____</td> <td>Standpipe</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Fire Protection Plans Approved</td> <td>Fire Pump</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Date: _____ Approved by: _____</td> <td>Pre-Eng. System</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Joint Plan Review Required:</td> <td>Mechanical</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.</td> <td>Smoke Control</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUBCODE APPROVAL for PERMIT</td> <td>TCO</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Date: _____</td> <td>Flam/Combust Tanks</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Approved by: _____</td> <td>Fireplace Venting</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUBCODE APPROVAL for CERTIFICATE</td> <td>Final</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA</td> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Date: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Approved by: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |        |                                                                       | JOB SUMMARY (Office Use Only) |         | INSPECTIONS           |                      |  |          | Dates (Month/Day)               |  | PLAN REVIEW |                                              | Type: | Failure | Failure                                    | Approval | Initial |                                                      | <input type="checkbox"/> No Plans Required |  | Alarm System                                      |  |  |                                               |  |  | <input type="checkbox"/> Partial - Underslab Utilities Approved |  | Suppression Sys. |       |  |  |                            |  | Date: _____ Approved by: _____ |                                | Standpipe |  |                       |  |  |                   | <input type="checkbox"/> Fire Protection Plans Approved |  | Fire Pump                     |  |  |            |  |  | Date: _____ Approved by: _____ |  | Pre-Eng. System |              |  |  |              |  | Joint Plan Review Required: |                             | Mechanical |  |                  |  |  |                   | <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev. |  | Smoke Control |  |  |                      |  |  | SUBCODE APPROVAL for PERMIT |  | TCO |                      |  |  |                                                                                                                |  | Date: _____ |                                 | Flam/Combust Tanks |  |             |  |  |  | Approved by: _____ |  | Fireplace Venting |  |  |  |  |  | SUBCODE APPROVAL for CERTIFICATE |  | Final |  |  |  |  |  | <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  | Other |  |  |  |  |  | Date: _____ |  |  |  |  |  |  |  | Approved by: _____ |  |  |  |  |  |  |  |
| JOB SUMMARY (Office Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | INSPECTIONS                                                           |                               |         |                       | Dates (Month/Day)    |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| PLAN REVIEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Type:                                                                 | Failure                       | Failure | Approval              | Initial              |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> No Plans Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Alarm System                                                          |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        | Suppression Sys.                                                      |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Date: _____ Approved by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | Standpipe                                                             |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> Fire Protection Plans Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | Fire Pump                                                             |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Date: _____ Approved by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | Pre-Eng. System                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Joint Plan Review Required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Mechanical                                                            |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Smoke Control                                                         |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| SUBCODE APPROVAL for PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | TCO                                                                   |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Flam/Combust Tanks                                                    |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Approved by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Fireplace Venting                                                     |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| SUBCODE APPROVAL for CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | Final                                                                 |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | Other                                                                 |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| Approved by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |
| U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                       |                               |         |                       |                      |  |          |                                 |  |             |                                              |       |         |                                            |          |         |                                                      |                                            |  |                                                   |  |  |                                               |  |  |                                                                 |  |                  |       |  |  |                            |  |                                |                                |           |  |                       |  |  |                   |                                                         |  |                               |  |  |            |  |  |                                |  |                 |              |  |  |              |  |                             |                             |            |  |                  |  |  |                   |                                                                                                                              |  |               |  |  |                      |  |  |                             |  |     |                      |  |  |                                                                                                                |  |             |                                 |                    |  |             |  |  |  |                    |  |                   |  |  |  |  |  |                                  |  |       |  |  |  |  |  |                                                                                      |  |       |  |  |  |  |  |             |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |

# PLAN REVIEW, INSPECTIONS, AND CLOSING YOUR PERMIT

## UNDERSTANDING THE PROCESS

### PLAN REVIEW

Once you have finished filling out all of your forms and completed all of your drawings and plans, you may now submit your application to the Construction office for review. According to the New Jersey Uniform Construction Code, (NJAC 5:23-2.16(a)) the Construction office has twenty (20) business days to review your application and, if it is found to be deficient in any way, to respond in writing specifically what needs to be corrected to bring the application into compliance. Once a written re-submittal is received by the Construction office, a response to the re-submittal will be made within seven (7) business days.

If your application is denied, the response letter from each of the different plans examiners will likely contain questions for clarification and/or code references that justify their denial. If your application is denied, here is what you should do:

First, try looking up the codes cited in the response on the internet. Just about all of the codes and standards that are used in the State of New Jersey are available for free searching and viewing on the internet. See the last page of this publication for the links to the various code books.

If you still are unsure as to what the plans examiner is asking for, by all means, call the Construction Office during regular business hours. We are here to help.

### ISSUANCE OF YOUR PERMIT

After plan review is complete and your permit has been approved, you will be notified by the construction office. You will be informed as to how much your permit fee will be at this time. Permit fees are determined by the Fee Schedule which is adopted via an ordinance by each municipality under the guidelines set forth by the NJ Uniform Construction Code (NJAC 5:23-4.17). Permit fee schedules are available to the public through your local construction office and can be found on the township's website.

Construction permits are issued from your local Construction office during regular business hours. Work on your project should not get started until your permit has been paid for and issued.

Along with your paperwork will be a yellow placard that contains your permit number and a brief description of the project the permit is for. Please place this yellow placard in a window that faces the front of your property for the duration of your project.



# PLAN REVIEW, INSPECTIONS, AND CLOSING YOUR PERMIT

## UNDERSTANDING THE PROCESS

### INSPECTIONS

Finally, after your permit has been approved, paid for, and picked up, construction may begin. You will need to stop at certain points so that our inspectors can make sure you are on the right track and that the minimum code requirements are being met.

When scheduling inspections, be sure to have your permit number and your work site address ready and allow at least 24 hours notice. Unfortunately, schedulers are unable to set rigid appointment times due to the nature and volume of inspections that are performed throughout the township but we do have qualified professional inspectors who are available Monday, Wednesday, and Friday from 8 am to 12 pm.

The following are the most common inspections that will be required for the average Finished Basement project and are scheduled in this order:

1. Rough Electrical, Rough Fire Protection, and/or Rough Plumbing
2. Building Framing
3. Building Insulation
4. Building/ Electrical above ceiling (if installing a suspended ceiling)
5. Building, Electrical, Fire Protection, and/or Plumbing Finals

This is not an exhaustive list of inspections and additional inspections may also need to be scheduled such as footings, foundations, concrete slabs, under-slab plumbing or electrical, etc. A complete list of inspections is available from the construction office.

### CLOSING YOUR PERMIT

Once your project is completed, it is important to remember to schedule your Final inspections. You should not occupy, move furniture into, or otherwise use the Finished Basement until the Final inspections have been approved for your own safety. Also, if you are using a professional contractor, you are within your legal rights to withhold final payment to your contractor until all Final inspections have been approved.

After all Final inspections are approved, the permit will be automatically closed by the construction office and a **Certificate of Approval** is generated. If you would like a copy of the Certificate of Approval, a PDF copy can be emailed to you or you can request a hard copy at the construction office.

## FINAL THOUGHTS...

### ZONING

Most finished basement projects will not require approval from the Zoning Department. However, if you are adding an additional emergency escape window, access stairs, or anything else that effects the footprint of the house, then you will need a zoning application. Also, if you are adding a bedroom in the basement and you are on a private septic system, you will need Burlington County Board of Health approval to assure that your present septic system is capable of handling the number of occupants living in the home.

### INTERNATIONAL RESIDENTIAL CODE 2021 (NJ EDITION)

The IRC 2021 is the adopted code for single family homes in the State of New Jersey. If you are designing your own project, it is a good idea to look up the codes as you are making your design.

A read-only version of this code book can be viewed at [UCC One- & Two-Family Dwelling Subcode based on the International Residential Code 2021 \(IRC 2021\) \(up.codes\)](#)

The plumbing code is the National Standard Plumbing Code 2021 and that can be viewed at [2021 NSPC \(iapmo.org\)](#)

The electric code is the National Electric Code 2020 (NFPA 70) and that can be viewed at [UCC Electrical Subcode based on the NFPA 70, 2020 \(up.codes\)](#)

### UNIFORM CONSTRUCTION CODE (UCC) FOR THE STATE OF NEW JERSEY

The Uniform Construction Code is the administrative code for all construction projects throughout the State. This very lengthy book contains all the rules and regulations regarding permits, governance, fees, enforcement, rehabilitation, licensing, etc. If you need to look up a specific regulation (such as a comment in a plan review) you can view this publication at [NJ Department of Community Affairs](#) .

### HIRE A DESIGN PROFESSIONAL

If you don't feel comfortable designing your own finished basement or if your vision for your project is more complicated than you can handle, you can always hire a NJ licensed Architect to do it for you. The advantage of hiring a design professional is that their drawings may be submitted with your application and you don't have to draw the designs yourself. Plus, you can take advantage of a professional who has years of experience and may be able to incorporate design elements that you may not have thought of.

# WELCOME TO THE 21ST CENTURY!

Applying for your permits online

It is now possible to apply for permits online through our management software, Spatial Data Logic. Signing up is simple.

First, go to [sdl.town/pembertontwp](http://sdl.town/pembertontwp)

Click the “Sign Up” button.

Fill out the required information.

Search “Pemberton” as your primary town.

Then click the verification link in the confirmation email sent to the address that you provide.

That’s it! It’s that simple!

Once you’ve opened your account, you can:

Apply for permits

Schedule inspections

Search property and permit records

(Coming soon) Make payments for permit applications

