



NEW YORK CITY FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

TM-5, rev 07/15

9 METROTECH CENTER, BROOKLYN, NY 11201-3857

TM-5: APPLICATION FOR ROOFTOP ACCESS VARIANCE/PLAN REVIEW

- FDNY TM-5 must be typewritten, submitted with supporting documentation including a narrative (see Item 8 below), signed and sealed 11"x17" plan set for review, and photographs of the existing/proposed conditions on the rooftop.
- Section 11 must be signed by the owner.
- Fee for Plan Examination: **\$420** made in money order or check, payable to **NYC Fire Department**.
- Submit completed application in person at Window #8 on the first floor of FDNY Headquarters, 9 METROTECH CENTER, BROOKLYN, NY 11201-3857.
- Consult the [FDNY Technology Management Bulletin #2/2011](#) for specific plan preparation instructions.

1	Filing Status <i>(required for all applications):</i>
Variance Sought for: <input type="checkbox"/> Proposed and/or <input type="checkbox"/> Existing Condition(s)	
<input type="checkbox"/> Initial Filing	<input type="checkbox"/> Resubmission <i>(provide previously assigned FPIMS number, and attach copy of objection letter):</i> FPIMS No(s):

2	Premises Information <i>(required for all applications):</i>		
House No(s):		Street Name:	
Borough:	ZIP:	Block:	Lot:
BIN:		Affected Floors:	

3	Applicant Information <i>(required for all applications):</i>				
Last Name:		First Name:		Middle Initial:	
Business Name:				Business Tel:	
Business Address:		City:	State:	ZIP:	
E-Mail:				License No:	
Choose One: <input type="checkbox"/> P.E <input type="checkbox"/> R.A					

4	Owner Information <i>(required for all applications):</i>				
Last Name:		First Name:		Middle Initial:	
Business Name:				Business Tel:	
Business Address:		City:	State:	ZIP:	
E-Mail:				Mobile Tel:	

5	Filing Representative <i>(if applicable):</i>				
Last Name:		First Name:		Middle Initial:	
Business Name:				Business Tel:	
Business Address:		City:	State:	ZIP:	
E-Mail:				Expeditor Registration No:	

6	Job Type <i>(required for all applications, choose all that apply):</i>
<input type="checkbox"/> Telecommunications Antennas and/or Equipment <i>Company Name:</i> <input type="checkbox"/> Solar Array and/or Equipment <i>Size of Array (No. of Panels):</i> <input type="checkbox"/> HVAC/MEP Equipment <input type="checkbox"/> Green Roof/ Blue Roof	<input type="checkbox"/> Penthouse/New Floor(s) <i>Number of Floors(if applicable):</i> <input type="checkbox"/> Occupiable Rooftop <input type="checkbox"/> Rooftop Deck <input type="checkbox"/> Rooftop Restaurant/Bar <input type="checkbox"/> Other <i>(if needed):</i>

7	DOB Filing Status <i>(required for all applications):</i>
Filed with DOB? <input type="checkbox"/> NO <input type="checkbox"/> YES ▶ <input type="checkbox"/> Copy of PW-1, Schedule A and Certificate of Occupancy attached?	
(If yes above): DOB Application No(s):	

8	Nature of Modification <i>(required for all applications):</i>								
Compose a narrative description that addresses items 8a and 8b. Append the separate narrative to your submission packet.									
8a	Explain, in detail, the specific nature of the modification sought, and describe the difficulty in complying with the requirements of the Fire Code or Fire Department Rule(s).								
8b	Explain, in detail, how you propose to mitigate the effect of modifying the code or rule requirement. Include all measures intended to ensure public safety.								
8c	Previously filed FDNY Variance Application(s) for the aforementioned prop erty. Indicate either FPIMS No(s) or FPIN(s), and status of filing (granted/objections/denied):								
8d	Application submitted in response to an FDNY-issued violation, specifically for Rooftop Access/Obstructions? <input type="checkbox"/> NO <input type="checkbox"/> YES: (if yes, complete below the fields below) ▼								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NOV/VO/Summons</th> <th style="width: 20%;">Number</th> <th style="width: 40%;">Description</th> <th style="width: 20%;">Disposition</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NOV/VO/Summons	Number	Description	Disposition				
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9	Building Characteristics and Fire Protection Features <i>(required for all applications):</i>	
Occupancy Classification: Construction Classification: Construction Date:	Building Height (ft): Building Stories (No): Stairs Leading to Roof (No): Fire Escape(s) to Roof? <input type="checkbox"/> YES <input type="checkbox"/> NO Interior/Exterior Stair to Roof? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Non-Sprinklered <input type="checkbox"/> Standpipe <input type="checkbox"/> Fire Alarm

10	Applicant Certification <i>(required for all applications):</i>
Under penalty of perjury, I certify that the information contained in this application is true, to the best of my knowledge.	
Applicant Name (please print):	
Signature ▶	Date:

11	Owner Statement <i>(required for all applications):</i>
I have authorized the applicant to file this modification with respect to the premises.	
Owner Name (please print):	
Signature ▶	Date:

FDNY Use Only	
CIDS ON FILE? <input type="checkbox"/> YES UPDATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO REPORT GENERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO DIVISION: <input type="text"/> BATTALION: <input type="text"/> COMPANY: <input type="text"/>	ACCESSIBLE EXPOSURES: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 ADDITIONAL INFORMATION/COMMENTS:
EXAMINED BY: <input type="text"/>	SIGNATURE: <input type="text"/>
<input type="checkbox"/> APPROVED	<input type="checkbox"/> OBJECTIONS <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> SEND TO INSPECTION UNIT ► DISTRICT OFFICE: <input type="text"/> <input type="checkbox"/> CONDITION FOR REFERRAL: _____	

12	INSTRUCTIONS FOR COMPLETING THE TM-5 APPLICATION - GENERAL
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- All design and installation documents submitted in support of a Rooftop Access Variance request or required by the NYC Fire Code, shall be submitted to the FDNY for examination with a duly completed TM-5 Form.
- Original plans must be submitted in triplicate, in 11" X 17" format, signed and sealed by the Engineer or Architect of Record.
- All fees must be submitted with this application. Fee is \$420, non-refundable.
- This form must be typewritten. All fields are interactive.
- If additional space is required, use 8 ½" X 11" sheet(s) and append to this submission.
- Submit the completed application:
 - **In Person:** At Window #8, 9 MetroTech Center, Brooklyn, NY 11201 (Mon-Fri, 8AM-3PM)
 - **Or By Mail:** , 9 MetroTech Center, 3rd Floor, Brooklyn, NY 11201-3857 **ATTN: Rooftop Access Unit, Technology Management, Room 3W-2**

13	INSTRUCTIONS FOR COMPLETING THE TM-5 APPLICATION - SECTION NUMBER AND INSTRUCTIONS
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1	Filing Status	Indicate if variance is needed due to a proposed layout or existing rooftop layout. Check appropriate box for new filing or resubmission. Resubmission is only accepted for active filings (i.e. you are responding to an FDNY determination within six months of an FDNY issued letter of correspondence)
2	Premises Information	Each Building Information Number (BIN) requires a distinct TM-5 Application, distinct plan set, application fee and supporting documentation.
3	Applicant Information	Must be a registered design professional (PE or RA) who is the Engineer or Architect of Record for the proposed work.
4	Owner Information	Must be the owner of the building, NOT tenant on rooftop.
5	Filing Representative	Provide all required information. Registration Number is the number issued by the NYC Fire Department as a filing processor (expeditor).
6	Job Type	Complete all applicable fields.
7	DOB Filing Status	If proposed work detailed by your FDNY submission has been filed with the DOB, provide the associated DOB Job Number(s) and append the associated DOB documentation, as indicated by this field. Note: a Certificate of Occupancy must be submitted with all TM-5 Applications.
8	Nature of Modification	Address Items 8a and 8b in a separate narrative, and append to submission packet. 8c shall be completed if previous variance filings have been made for a given premises. Indicate the status of these variance requests, using the following sample format: "FPIM No (Approved/Objections/Denied)" or "FPIN (Approved/Objections/Denied)". Complete 8d and all associated fields if the building has received FDNY-issued violation or violations pertaining specifically to rooftop access/obstructions.
9	Building Characteristics	All fields must be completed.
10	Applicant Certification	Section 10 must be signed by the applicant.
11	Owner Statement	Section 11 must be signed by the owner.