



FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857

APPLICATION FOR PLAN EXAMINATION/DOCUMENT REVIEW

General Instructions

All design and installation documents as per Fire Code section FC 105.4 shall be submitted to FDNY for examination. The submission must include a duly completed TM-1 form. All forms must be typed in black or blue ink.

Fee for Plan Examination: use Supplement # 1 to calculate fee and write it down in the box below.

All payments shall be made in money order or check, payable to **NYC Fire Department. Do not send cash.**

Submit completed application in person at Window # 8 on the 1st floor, or mail it to the address as indicated in Supplement # 1.

Note: Fire Alarm Plans must be submitted in person at Window # 8 and resubmissions through Window # 16 on the 1st floor.

Date: _____	Fee: \$ _____ (as per Supplement # 1)	<div style="text-align: right;">(FD use only)</div> F P Index No. _____ FPIMS No. _____
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1	<input type="checkbox"/> NEW SUBMISSION		<input type="checkbox"/> RESUBMISSION (provide previously assigned FPIMS number and copy of latest objection issued by the respective unit) FPIMS No: _____	
2	Design and Installation Documents Submitted to (Check the appropriate box for type of submission):			
	<input type="checkbox"/> TECHNOLOGY MANAGEMENT		<input type="checkbox"/> EMERGENCY PLANNING AND PREPAREDNESS GROUP	
	As per Fire Code FC 105.4 <input type="checkbox"/>	Fire Alarm/ Emergency Alarm <input type="checkbox"/>	Combined Fire Safety & Emergency Action Plan <input type="checkbox"/> Fire Safety and Evacuation Plan <input type="checkbox"/> Fire Protection Plan <input type="checkbox"/>	
3	Premises Information (Required for all applications):			
	Building No: _____	Street Name: _____		BIN #: _____
	Borough: _____	NY	ZIP: _____	Work on floor(s): _____
	Occupied by: _____		Occupancy classification of the area of work: _____	
4	Applicant Information (Required for all applications. All fields must be completed):			
	Last Name: _____		First Name: _____	License Number: _____
	Business Name: _____			Business Tel: _____
	Business Address: _____		City: _____	State: _____ Zip: _____
	Choose one: <input type="checkbox"/> P. E. <input type="checkbox"/> R. A. <input type="checkbox"/> Building Owner <input type="checkbox"/> Building Manager			E-Mail: _____
5	Owner Information (Required for all applications. All fields must be completed):			
	Last Name: _____		First Name: _____	Business Tel: _____
	Business Name: _____			Business Fax: _____
	Business Address: _____		City: _____	State: _____ Zip: _____
	E-Mail: _____			Mobile Tel: _____
6	Filing Representative (Required if different from applicant specified in Section 4):			
	Last Name: _____		First Name: _____	Reg. No: _____
	Business Name: _____			Business Tel: _____
	Business Address: _____		City: _____	State: _____ Zip: _____
	E-Mail: _____			Business Fax: _____
7	DOB/DBS Filing Status (Required for all Technology Management and Fire Protection Plan applications):			
	Filed with DOB/DBS <input type="checkbox"/>	Copy of PW-1, Schedule A and/or Certificate of Occupancy attached <input type="checkbox"/>		DOB/DBS Application No: _____ (print or attach barcode)

