

## **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)			-	F P Index NoFPIMS No			(FD use	e only)  
1	□ NEW SUBMISSION						☐ <b>RESUBMISSION</b> (provide previously assigned copy of latest objection issued by the respective unit) FPIMS No:				nit)	
2	2 Design and Installation Documents Submitted to (Check the appropriate box for type of submission):											
☐ TECHNOLOGY MANAGEMENT ☐ EMERGENCY PLANNING AND PREPAREDNESS										SS GROUP		
As per Fire Code Fire Alar					Combined	Fire Safety & Emergency Action l				n Plan		
FC 105.4 Emerger Alarn			-		-	and Evacuation Plan						
					Fire Protection Plan							
3 Premises Information (Required for all applications):												
Build	Building No: Stre				eet Name:						_ BIN #:	
Borough:N				ZII	P:	Work	fork 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: □ P. E. □ R. A. □ Building Owner □ Building Manager E-Mail:												
5	Owner Info	rmation (	Requir	ed for	r all applicatio	ons. All <sub>.</sub>	fields 1	nust be con	ıpleted):			
Last Name:						First Name:			Business Tel:			
Busin	ess 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	7 DOB/DBS Filing Status (Required for all Technology Management and Fire Protection Plan applications):											
Filed with DOB/DBS   Copy of PW-1, Schedule A and/or DOB/DBS Application No:  Certificate of Occupancy attached   (print or attach barcode)												

8	<b>Building Occupancy Group</b> (Required for all applications. Indicate dominant occupancy of the building):									
9 Building Characteristics and Fire Protection Features (Required for all applications):										
Build		Buildi Storie	ng Construction Occupied floor located						I more than 75 ft	
Full	y Sprinklered		Partially Sprinklered □  Identify floor(s) protected						Non-Sprinklered □	
10										
New	v							roval Amendment(PAA)		
11	11 Job Description (Required for all applications. Use separate sheet if necessary):									
12	Filed to Compl	y with	Section o	f Code	e and/or Rules	(Required	l for all ap	plications):		
						<u> </u>		·		
13	Applicant's Sta	temen	t and Sigr	ature	(Required for al	l applicati	ions):			
Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.  I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code.  I hereby acknowledge that the application fee submitted is non-refundable.										
	(5	Signatur	re)		(FD use only	)		(Print	Name)	
Fee F	Paid □ k No:									
								Cashier Er	idorsement:	
riun	assigned to: Approved					 Date:			Disapproved/Denied:	
Approved Objection(s): □ Date: □ Resubmission required:										
Comment(s)/Stipulation(s):										
Exa	miner:		(Signature)						(Print Name)	