



FDNY

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OBEY THE LAW—FILE BEFORE STARTING WORK

FIRE DEPARTMENT • CITY OF NEW YORK
BUREAU OF FIRE PREVENTION

FIRE ALARM INSPECTION UNIT (ELECTRICAL)-ROOM 3N-1
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2466

APPLICATION A-433 C

(ALL INFORMATION MUST BE TYPED)

INFORMATION TO BE PROVIDED BY APPLICANT

FPIMS No: _____
BIN No: _____
F.D Plan No: _____
F.P Index No: _____

1. All questions must be answered. Reverse side must be itemized.

2. Use a SEPARATE application for each system installed.

3. Provide one (1) set of FDNY approved floor plans, TM-1 form and TB-60 form (where applicable).

4. For buildings over the allotted floors, use a second A433 C form.

5. This form is to be printed duplex on a single sheet legal size paper (8 1/2" X 14").

6. Provide an As Built Riser Diagram at the time of submission.

In accordance with the Administrative Building Code and Fire Code of the City of New York, application is hereby made for inspection of the electric wiring and appliances, devices and or system(s) installed, altered or repaired in premises located at:

NOTE: SYSTEM(S) SHALL BE FULLY COMPLETED, TESTED AND MADE FREE OF ALL DEFECTS PRIOR TO REQUEST FOR AN INSPECTION

1. Premises Information (Required for all applications):

Building No: _____	Street Name: _____	PW-1 or FPIMS No: _____
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Borough: _____	State: _____	ZIP: _____	Occupied by: _____
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Work on floor(s): _____

2. Owner Information (Required for all applications):

Last Name: _____	First Name: _____	Business Tel: _____
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Business Name: _____	Business Fax: _____
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Business Address: _____	City: _____	State: _____	Zip: _____
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Building Manager: _____	E-Mail: _____	Mobile Tel: _____
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3. Nature of Work (Please check all boxes which apply): New Alteration Repair Violation Other

Type of systems filed for:

List Other Systems Here: _____

4. Electrical Contractor Information (Required for all applications):

Last Name: _____	First Name: _____
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Business Name: _____

Business Address: _____	City: _____
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Business Tel: _____	State: _____	Zip: _____	License No: _____
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Signature of Licensee: _____	E-Mail: _____	Date of Expiration: _____
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Affix Seal of
Master
Electrician

5. Fire Alarm Vendor Information (Required for all alarm related applications):

Last Name: _____	First Name: _____	COF S97 No: _____
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Business Name: _____	Business Tel: _____	Date of Expiration: _____
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Business Address: _____	City: _____	State: _____	Zip: _____
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6. Central Station Information (Required for all applications with central station monitoring services):

Business Name: _____	CS/Abbreviation: _____
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Business Address: _____	City: _____	State: _____	Zip: _____
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Business Tel: _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade <input type="checkbox"/> Altered <input type="checkbox"/> Reinstated
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