



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)	(FD use only) 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)	

8	Building Occupancy Group <i>(Required for all applications. Indicate dominant occupancy of the building):</i>		
9	Building Characteristics and Fire Protection Features <i>(Required for all applications):</i>		
Building Height (ft.): _____	Building Stories: _____	Construction Classification: _____	Occupied floor located more than 75 ft above the lowest level of FD vehicle access: <input type="checkbox"/>
Fully Sprinklered <input type="checkbox"/>	Partially Sprinklered <input type="checkbox"/>		Non-Sprinklered <input type="checkbox"/>
<i>Identify floor(s) protected</i> _____			
10	Classification of Work <i>(Required for all fire alarm applications):</i>		
New <input type="checkbox"/>	Additions/Modifications <input type="checkbox"/>	Post Approval Amendment(PAA) <input type="checkbox"/>	
11	Job Description <i>(Required for all applications. Use separate sheet if necessary):</i>		
12	Filed to Comply with Section of Code and/or Rules <i>(Required for all applications):</i>		
13	Applicant's Statement and Signature <i>(Required for all applications):</i>		

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.

_____	(FD use only)	_____
<i>(Signature)</i>		<i>(Print Name)</i>
Fee Paid <input type="checkbox"/> Amount: _____ Check No: _____ Date: _____	_____ <i>Cashier Endorsement:</i>	
Plan assigned to: _____		
Approved <input type="checkbox"/>	Objection(s): <input type="checkbox"/> Date: _____ Resubmission required: <input type="checkbox"/>	Disapproved/Denied: <input type="checkbox"/>
Comment(s)/Stipulation(s): _____ _____ _____ _____ _____		

Examiner: _____

(Signature)
(Print Name)



**Fire Department • City of New York
Bureau of Fire Prevention**

9 MetroTech, Third Floor
Brooklyn, NY 11201-3857

TM-1 rev 03/16
Supplement # 1

Supplement # 1

INSTRUCTIONS FOR COMPLETING TM-1 APPLICATION

General Instructions

- All design and installation documents for items required by NYC Fire Code section FC 105.4 shall be submitted to FDNY for examination must be accompanied by a duly completed TM-1 form.
- For documents required to be filed with the New York City Department of Buildings (DOB) or Department of Small Business Services (DBS), a separate form shall be submitted (and a separate fee charged) for each DOB or DBS filing (file/application number).
- All fees must be submitted with the application. Fees are non-refundable. See “Application Fee” below for more information.
- All forms must be typed in black or blue ink.
- If additional space is required, please use 8 ½ x 11 sheet and attach to the form.
- Submit completed application:
 - in person - at Window #8 (Hrs. Mon - Fri 8AM - 3PM), 9 MetroTech Center, Brooklyn, NY 11201
 - or by mail (except Fire Alarm applications)- to one of the following addresses:

All Technology Management Plans

Fire Department of City of New York
Bureau of Fire Prevention
Technology Management
9 MetroTech Center, Third Floor
Room 3W-2
Brooklyn, NY 11201-3857

All Emergency Preparedness Plans

Fire Department of City of New York
Bureau of Fire Prevention
Emergency Planning & Preparedness Group
9 MetroTech Center, Third Floor
Room 3W-6
Brooklyn, NY 11201-3857

Detailed Instructions

	Section	Instructions
1	New or Resubmission	Check (X) the appropriate box to indicate if the application is new or resubmission. All resubmissions must have the assigned FPIMS # printed on TM-1 and include the latest objection/s issued by the respective unit/s as applicable.
2	Design and Installation Documents Submitted to	Check (X) the appropriate box to indicate the type and the unit the application will be submitted to.
3	Premises Information	Indicate building number, street name, borough, zip code, and BIN #. BIN is Building Information Number issued by the Department of Buildings and must be submitted for all applications. Must include all floors of work, name of the tenant/s if applicable and occupancy classification of the area of work.
4	Applicant Information	Provide the name, business name, address, telephone, and e-mail of the applicant. License number is the Engineer’s or the Architect’s license number issued by New York State for PE or RA. Licensed Master Fire Suppression Contractor (LMFSC) license number is issued by New York City Department of Buildings. Choose if the applicant is P.E., R.A., building owner/manager, or LMFSC.

5	Owner Information	Provide the name, business name, address, telephone, fax and e-mail of the premises owner.
6	Filing Representative	Provide name, business address, telephone, fax, e-mail and Registration Number (Reg. #) of the filing representative. Registration Number is the number issued by NYC Fire Department as filing processor (Expeditor).
7	DOB/DBS Filing Status	Provide DOB Plumbing (PL) application number for all new Range Hood applications. Provide DOB/DBS application number and copy of the PW-1 application. Copy of approved PW-1A (Schedule A) or copy of Certificate of Occupancy (CO) shall be submitted for all fire alarm plan applications.
8	Dominant Occupancy of the Building	Provide the dominant occupancy of the building.
9	Building Description	Indicate the height of the building, number of stories and type of construction. Check(X) if occupied floor located more than 75ft above the lowest level of Fire Department vehicle access. Indicate if building is fully sprinklered, partially sprinklered, or non-sprinklered. If partially sprinklered protection is provided, indicate the floors that are protected by sprinklers.
10	Classification of Work	Check (X) the appropriate box to indicate whether the plan submission is new, additions/ modifications, or post approval amendment (PAA). This section must be completed for all Fire Alarm applications.
11	Job Description	Give a detailed description of job. Use additional sheets if necessary. Describe the type of system proposing to install as per Building Code/Fire Code for all fire alarm applications.
12	Filed to Comply with Section of Code and/or Rules	Indicate the section of the code or rule. If additional factors to be considered, please specify. Use additional sheets if necessary.
13	Applicant's Statement and Signature	Applicant must print his/her name and sign the application.

Application Fee

Choose plan type as indicated below and submit appropriate fee with each application:

Design and installation documents:

1. Plan examination as per Fire Code FC 105.4 - \$420
2. Fire Alarm Plan - \$420
3. Emergency Alarm Plan FC 908 - \$420
4. Document Review - \$420
5. Range Hood Plan - \$210
6. Fire Suppression Plan (mechanical portion) - \$420
7. Fire Safety and Evacuation Plan - \$210
8. Combined Fire safety & Emergency Action Plan:
Original Application - \$630
Amended application will be billed per hour (total not to exceed \$630)
9. Fire Protection Plan - \$420