



# NEW YORK CITY FIRE DEPARTMENT

## BUREAU OF FIRE PREVENTION

9 METROTECH CENTER, BROOKLYN, NY 11201-3857

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

- FDNY TM-5 must be completed electronically, 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.
- Submit the completed application and **\$420** Plan Examination fee electronically through **FDNY Business**.
- All revisions must be accompanied by a **detailed** cover/transmittal letter explaining the revised sections.
- Consult the [FDNY Technology Management Bulletin #2/2011](#) for specific plan preparation instructions.

**1 Filing Status** *(required for all applications):*

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 FDNY Reference number, and attach copy of deficiency/objection letter):</i> FDNY Reference No(s):

**2 Premises Information** *(required for all applications):*

House No(s):		Street Name:	
Borough:	ZIP:	Block:	Lot:
BIN:		Affected Floors:	

**3 Applicant Information** *(required for all applications):*

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** *(required for all applications):*

Last Name:		First Name:		Middle Initial:	
Business Name:				Business Tel:	
Business Address:		City:		State:	ZIP:
E-Mail:				Mobile Tel:	

**5 Filing Representative** *(if applicable):*

Last Name:		First Name:		Middle Initial:	
Business Name:				Business Tel:	
Business Address:		City:		State:	ZIP:
E-Mail:				Expeditor Registration No:	

**6 Job Type** (required for all applications, choose all that apply):

- Telecommunications Antennas and/or Equipment  
Company Name:
- Solar Array and/or Equipment  
Size of Array (No. of Panels):
- HVAC/MEP Equipment
- Green Roof/ Blue Roof

- Penthouse/New Floor(s)  
Number of Floors(if applicable):
- Occupiable Rooftop
  - Rooftop Deck
  - Rooftop Restaurant/Bar
  - Other (if needed):

**7 DOB Filing Status** (required for all applications):

- Filed with DOB?  NO  
 YES   ►    Copy of PW-1, Schedule A and Certificate of Occupancy attached?

(If yes above): DOB Application No(s):

**8 Nature of Modification** (required for all applications):

**Compose a narrative description that addresses items 8a, 8b and 8c. 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 property. Indicate FDNY Reference Number (Record ID(s), FPIMS No(s) or FPIN(s,)) and status of filing (Accepted/granted/deficiencies/objections/denied):

**8d** Application submitted in response to an FDNY-issued violation, specifically for Rooftop Access/Obstructions?  
 NO    YES: (if yes, complete below the fields below) ▼

NOV/VO/Summons	Number	Description	Disposition

**9 Building Characteristics and Fire Protection Features** (required for all applications):

- |                              |   |  |
|------------------------------|---|--|
| Occupancy Classification:    | Building Height (ft):   | <input type="checkbox"/> Fully Sprinklered     |
| Construction Classification: | Building Stories (No):  | <input type="checkbox"/> Partially Sprinklered |
| Construction Date:           | Stairs Leading to Roof (No):  | <input type="checkbox"/> Non-Sprinklered       |
|                              | Fire Escape(s) to Roof? <input type="checkbox"/> YES <input type="checkbox"/> NO          | <input type="checkbox"/> Standpipe             |
|                              | Interior/Exterior Stair to Roof? <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Fire Alarm            |

**10 Applicant Certification** (required for all applications):

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** (required for all applications):

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 style="width: 100%;" type="text"/>	SIGNATURE: <input style="width: 100%;" 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 11" X 17" format, signed and sealed by the Engineer or Architect of Record.  
Submit the completed application: **New Applications must be submitted electronically through [FDNY Business](#).**
- All fees must be submitted with this application. Fee is \$420, non-refundable. If determined during the plan examination that this application is considered a Complex Technical Analysis, you will be required to pay a "Complex Technical Analysis Fee."
- This form must be completed electronically.
- If additional space is required, use 8 ½" X 11" sheet(s) and append to this submission.
- All revisions must be accompanied by a **detailed** cover/transmittal letter explaining the revised sections.

13	INSTRUCTIONS FOR COMPLETING THE TM-5 APPLICATION - SECTION NUMBER AND INSTRUCTIONS
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1	Filing Status	Indicate if a variance is needed due to a proposed layout or existing rooftop layout. Check the appropriate box for new filing or resubmission. Resubmission is only accepted for active filings (e.g. 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, <b>NOT</b> 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. <b>Note: a Certificate of Occupancy must be submitted with all TM-5 Applications.</b>
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: "FPIMS 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.