



# BUREAU OF FIRE PREVENTION

## FIRE ALARM INSPECTION UNIT

### REQUEST FOR INSPECTION DATE

REFERENCE DOCUMENT No: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ (PW-1, VO #, L/D #) BORO \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PREMISES TELEPHONE \_\_\_\_\_

NEAREST INTERSECTION \_\_\_\_\_ MEETING LOCATION \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_ FLOOR (s) \_\_\_\_\_

INSPECTION REQUEST MADE BY \_\_\_\_\_ F.D. EXPEDITOR LIC. No. \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

COMPANY NAME AND ADDRESS \_\_\_\_\_

#### BUILDING OWNER OR MANAGING AGENT INFO:

NAME: (PRINT) \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

#### SUBMIT THE FOLLOWING CONSTRUCTION DOCUMENTATION:

- Electrician's Sign-off (Form A-433, signed and sealed) – original, one (1).
- Plan Examination (Form TM-1) – original, one (1).
- F.D. approved original plans (24"x 36") and "AS BUILT" riser diagram (11"x17") – one (1) set.
- The Department of Buildings Plan/Work Application (Form PW-1) – original, one (1).
- Registration of Central Station-Monitored Fire Alarm Systems identifying the terminal assignment number(s) (Form TB-60) for new system only – one (1) copy.
- Request for Inspection Date (Form B-45M) – three (3) copies.
- File: documents should be neatly arranged (letter size format) and secured by a standard 2-hole fastener.

**NO INSPECTION DATE WILL BE ASSIGNED IF THE ABOVE IS NOT PROVIDED.**

- **To arrange an appointment with the Scheduling Supervisor (request for inspection or re-inspection, inquiry, etc.) in person, please contact the booking clerk at 718-999-5114 at least 48 hours prior to the intended date.**
- **The building occupants shall be notified prior to the test date.**
- **Sufficient manpower and equipment shall be made available to conduct test.**
- **For more details, visit the FDNY Bureau of Fire Prevention website.**

#### OFFICE USE ONLY

INSPECTOR: _____	
DATE: _____	AT: _____ REF. DOCUMENT No: _____
SPECIAL NOTES: _____	
SCHEDULING SUPERVISOR _____	DATE _____