



FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857

TM-1E APPLICATION FOR EPPG PLAN EXAMINATION/DOCUMENT REVIEW

General Instructions

All design and installation documents as per Fire Code shall be submitted to FDNY for examination. The submission must include a duly completed TM-1E form. All forms must be typed in black or blue color.

Fee for Plan Examination: use Supplement # 1 to calculate total 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 shown in Supplement # 1.

Date: _____	Total fee: \$ _____ <i>(as calculated in Supplement # 1)</i>	(FD use only) <i>F P Index No.</i> <i>FPIMS No.</i> _____
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1	<input type="checkbox"/> NEW SUBMISSION	<input type="checkbox"/> RESUBMISSION (provide the 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):	
EMERGENCY PLANNING AND PREPAREDNESS GROUP		
Combined Fire Safety & Emergency Action Plan <input type="checkbox"/> Fire Protection Plan <input type="checkbox"/> Fire Safety and Evacuation Plan <input type="checkbox"/> High-Rise Residential (Non-Sequential Flrs) BIC <input type="checkbox"/>		
3	DOB/DBS Filing Status:	
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: _____ <i>(print or attach barcode)</i>		
4	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: _____
5	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: _____
6	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: _____
7	Filing Representative (Required if different from applicant specified in Section 5):	
Last Name: _____		First Name: _____
Reg. No: _____		
Business Name: _____		Business Tel: _____
Business Address: _____		City: _____
State: _____		Zip: _____
E-Mail: _____		Business Fax: _____

8 **Building Occupancy Group** (Required for all applications. Indicate dominant occupancy of the building.)

9 **Building Characteristics and Fire Protection Features:**

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"/> <i>Identify floor(s) protected</i> _____		Non-Sprinklered <input type="checkbox"/>

10 **Classification of Work** (Required for all applications):

New <input type="checkbox"/>	Additions/Modifications <input type="checkbox"/>	Post Approval Amendment(PAA) <input type="checkbox"/>
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11 **Job Description** (Required for all applications. Use separate sheet if necessary):

12 **Filed to comply with Section of Code, Rules** (Required for all applications):

13 **Applicant's Statement and Signature** (Required for all applications):

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.

_____ (Signature) (FD use only) _____ (Print Name)

Fee Paid <input type="checkbox"/>	Amount: _____	Cashier Endorsement:
Check No: _____	Date: _____	

Plan assigned to: _____

Approved <input type="checkbox"/>	Objection(s): <input type="checkbox"/> Date: _____	Disapproved/Denied: <input type="checkbox"/>
	Resubmission required: <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-1E (072919-9)

Supplement # 1

Supplement # 1

INSTRUCTIONS FOR COMPLETING TM-1E APPLICATION

General Instructions

- All design and installation documents for items required by NYC Fire Code shall be submitted to FDNY for examination must be accompanied by duly completed TM-1E form.
- For documents required to be filed with the New York City Department of Buildings (DOB) or Department of Small Business Services (DSBS) , a separate form shall be submitted (and a separate fee charged) for each DOB or DSBS 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, 9 MetroTech Center, Brooklyn, NY 11201(Hrs. Mon to Fri 8AM to 3PM)
 - or by mail to the following address:

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 3S-11
Brooklyn, NY 11201-3857

Detailed Instructions

	Section	Instructions
1	New or Resubmission	Check (X) the appropriate box to indicate the application is new or resubmission. All resubmissions must have the assigned FPIMS # printed on TM-1E 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	DOB/DBS Filing Status	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 also be submitted for all fire protection plan applications.
4	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.
5	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. Choose if the applicant is P.E., R.A., building owner/manager.
6	Owner Information	Provide the name, business name, address, telephone, and e-mail of the premises owner.

7	Filing Representative	Provide name, business address, telephone, e-mail and Registration Number (Reg. #) of the filing representative. Registration Number is the number issued by NYC Fire Department as filing processor (Expeditor).
8	Building Occupancy Group	Provide the building occupancy group or dominant occupancy of the building.
9	Building Characteristics and Fire Protection Features	Indicate the height of the building, number of stories and type of construction, and if the building is located in an area of special flood hazard. Indicate if building is fully sprinklered, partially sprinklered, or non-sprinklered. If partial 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).
11	Job Description	Give a detailed description of job. Use additional sheets if necessary.
12	Filed to comply with section of Code, 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 type of your plan as indicated below and submit appropriate fee with each application:

Fire Safety and Evacuation Plan	\$210
Combined Fire Safety and Emergency Alarm Plan:	
Original Application	\$630
Amended Application	\$210 per hour (total not to exceed \$630)
Fire Protection Plan	\$420
Document Processing Fee	\$165 (in addition to other applicable fees)