

Form TM-4



**Technology Management Fire Alarm
Technical Assistance Form (FC 104.7.2)**



SUBMIT THIS FORM AND FEE (\$420.00) TO:

New York City Fire Department - Bureau of Fire Prevention
9 METROTECH CENTER – BROOKLYN, NY 11201
Window #8 -1st Floor (Attn: Rm-3N-01-K) (718) 999-2405

Premise Address: _____ Borough: _____ DOB BIN No.: _____

Height: _____ Stories on and above grade: _____ Stories below grade: _____ Construction Class: _____

Dominant Occupancy: _____ Other Occupancies: _____

(Submit DOB Schedule 'A' and Certificate of Occupancy)

Fire Protection Systems in Premises: _____

Proposed Fire Alarm Design Description and Location (floors): _____

APPLICANT INFORMATION:

Name: _____ Relationship to Premises: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Premise Owner Information: Name: _____

Address: _____

Telephone: _____ E-Mail: _____ Fax: _____

REQUIRED: Submit a letter in narrative form describing the circumstances and premise description requiring the submission of this form and attach any additional documentation/plans to describe the fire alarm proposed design requested. Indicate whether specific NYC fire alarm regulations, rules, codes, bulletins, or policies are to be effected in the fire alarm system concept, design, installation, method, materials, and/or plan review and field inspection modalities or submissions.

LISTED FIRE ALARM COMPANY,
REGISTRANT/ OR LICENSEE
AFFIX SEAL AND SIGNATURE

DATE: _____ Signature of Applicant: _____

Required to be premise owner/management, registered design professional, licensed electrical contractor and/or FDNY listed Fire Alarm Company:

For FDNY USE ONLY: Design Review Fee Paid: \$ 420.00: YES NO

Date: _____ FP Index No: _____ FPIMS # _____