

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: _____

Fire Protection Systems in Premises: _____

Nature of Request: _____

APPLICANT: (required to be a registered design professional, licensed electrical contractor or FDNY listed Fire Alarm Company)

Name: _____ License Number: _____

Business Name: _____

Address: _____

Telephone: _____ E-mail: _____

FILING REPRESENTATIVE: (required if different from applicant specified above)

Name: _____ FDNY Reg. Number: _____

Business Name: _____

Address: _____

Telephone: _____ E-mail: _____

PREMISES OWNER:

Name: _____ Email: _____

Business Name: _____ Telephone: _____

Address: _____

REQUIRED:

1. 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 proposed fire alarm 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 procedures or submissions. (Note: The letter must be signed by the applicant listed above.)
2. Submit a copy of DOB approved Schedule 'A' and/or Certificate of Occupancy.

LISTED FIRE ALARM COMPANY,
REGISTRANT OR LICENSEE
AFFIX SEAL

Signature of Applicant: _____ DATE: _____

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

Date: _____ FP Index No: _____ FPIMS # _____