NYC Buildings

Attachment B:
Local Law 26/04
Final Sprinkler Report

Application must be typewritten

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1 Location Information

House No(s)	Street Name		
Borough	Block	Lot	BIN

2 Professional Information

Last Name	First Name	Middle Initial
Business Name		Business Telephone
Business Address		Business Fax
City	State	Zip	Mobile Telephone
Email	PE ☐ RA ☐	NYS License #

3 Owner of Record Information   *(Not a Representative or Business Manager or Agent)*

Last Name	First Name	Middle Initial
Business Name		Business Telephone
Business Address		Business Fax
City	State	Zip	Mobile Telephone
Email		

4 Office Buildings Required To Be Sprinklered

Percentage of Building Sprinklered _____ %

Has a special determination or letter been issued by the Department to allow the building or portion thereof to not comply fully with the retroactive sprinkler requirement?   ☐ Yes (***Provide documentation below***)

☐ No *(Go to Section 5)*

Percentage of floor area provdided with sprinkler coverage _____ %

+ floor area not provdided with sprinkler coverage per DOB exception _____ %

100 %

Please list and attach document issued by the Department allowing exemption from complying with §27-929.1.

(Go to Section 6)

5	Related Applications

List the job numbers for work related to local law compliance. NOTE: These applications must have been signed off.

6	Unrelated Applications

List the job numbers and provide a description for open sprinkler applications which are NOT related to local law compliar

7	Statement and Signatures

Falsification of any statement is a misdemeanor and is punishible by a fine or imprisonment, or both. It is unlawful to give a city employee, or for a city employee to accept any benefit, monetary or otherwise as either a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Owner	**New York State Registered Design Professional**
Name (please print)	Name (please print)
Signature Date	Signature Date
	P.E. / R.A. Seal (apply seal, then sign and date over seal)

Internal Use Only
Local Law Enforcement Unit (stamp)
Initials _____   Date _____