NEW YORK CITY FIRE DEPARTMENT

APPLICATION FOR MODIFICATION (VARIANCE) OF PROVISIONS OF THE NEW YORK CITY FIRE CODE OR FIRE DEPARTMENT RULES

INSTRUCTIONS:

A. This form shall be used to apply to the Fire Department, pursuant to FC104.8 and 3 RCNY §104-01, for a modification (variance) of any Fire Code or Fire Department Rule provision. This application shall not be used for modifications of any provision of the New York City Building Code, including design requirements for fire alarm systems.

B. This application must be typewritten or legibly printed in ink, accompanied by all necessary supporting documents, including as applicable design and installation documents.

C. A non-refundable application fee of $200.00 is required at the time of filing, in accordance with FC A04(5).

D. Complete all 18 sections of this application. Do not leave any sections blank. If a particular section is not applicable, mark the section “N/A”. Sections 9, 10, 11, 14, 15 and 16 may require that additional documentation be filed with the application.

E. Modification applications shall be filed in triplicate to:

   Chief of Fire Prevention
   New York City Fire Department
   9 MetroTech Center, 3rd Floor
   Brooklyn, NY 11201-3857

Any questions regarding this application or application filing procedures should be directed to the Technology Management Unit, Bureau of Fire Prevention, at (718) 999-2377.

1. Premises affected:
   Block No.: ______________ Lot No.: ______________
   Address: _______________________________________
   ________________________________________________
   Affected floor(s) __________________________________

2. Applicant:
   Name: _________________________________________
   Address: _______________________________________
   ________________________________________________
   Telephone: ______________________________________
   E-Mail: _________________________________________
   Relationship to premises: __________________________
3. Premises Owner (if different from Applicant):
   Name: ________________________________________________
   Address: ________________________________________________
   ____________________________________________________
   E-Mail: ________________________________________________
   Telephone: ________________________________________________

4. Filing representative:
   Name: __________________________________________
   Company Name __________________________________________
   Address: ________________________________________________
   ____________________________________________________
   Telephone number   _________________________________________
   E-Mail: ________________________________________________
   Expediter Registration No.: ________________________________

5. Person to contact to make arrangements for Fire Department inspection:
   Name: __________________ Telephone number _________________

6. Nature of modification sought:
   ○ Fire apparatus access roads   ○ Rooftop access and obstructions
   ○ Other __________________________

7. Sections(s) of Fire Code (29 Administrative Code §FC__) or Fire Department
   rules (3 RCNY__) sought to be modified: _______________________________
   ___________________________________________________________________

8. Is this application being made in connection with a proposed or existing
   condition?     ○ Proposed       ○ Existing

9. Has the applicant or owner submitted any prior modification applications
   regarding this matter? ○ Yes   ○ No. If yes, submit a copy of the prior
   application and response received.

10. Has any modification previously been granted for this premises or occupancy?
    ○ Yes ◐ No. If yes, submit a copy of the modification determination.

11. Are there any outstanding Fire or Building code violation orders, notices of
    violation or summons outstanding against the applicant or the owner for the
    affected premises, whether related or unrelated to this matter? ○ Yes       ○ No.
    If yes, describe the nature of the violation and submit a copy of the violation
    and the disposition.

12. Building characteristics for affected premises:
    Construction date: __________________________________________
    Construction classification: ____________________________________
    Occupancy classification: _____________________________________
Height: ____________________________________
Number of stories: ____________________________
Floor areas (square footage): _______________________
Certificate of Occupancy No. (attach copy): ____________________

13. Fire protection features of affected premises:
   Is sprinkler system protection provided? ○ Yes   ○ No.  If yes, indicate the area protected: ____________________________
   Is standpipe system protection provided? ○ Yes   ○ No.
   Is a fire alarm system provided? ○ Yes   ○ No. If yes, what type?

14. Submit copies of the most recent Fire Department permit(s), if any, issued to the owner or occupant relating to this application.

15. Explain in detail the specific nature of the modification sought and describe the difficulty in complying with the requirements of the Fire Code or Fire Department rule. If you require more space, you may attach additional sheets(s). **NOTE:** Cost of compliance with code and rule requirements is not ordinarily sufficient grounds for granting of a modification.

16. Explain in detail how you propose to mitigate the effect of modifying the code or rule requirement. Include all measures intended to ensure public safety. If you require more space, you may attach additional sheets(s).

17. **Applicant Certification.** Under penalty of perjury, I certify that the information contained in this application is true to the best of my knowledge.

   Applicant’s name: ____________________________________________
   Signature: ____________________________
   Date: ____________________________

18. **Owner Statement (if different from applicant).** I have authorized the applicant to file this modification with respect to the premises.

   Owner’s name: ____________________________________________
   Signature: ____________________________________________
   Date: ____________________________________________