



## FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

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

### APPLICATION FOR PLAN EXAMINATION/DOCUMENT REVIEW

#### General Instructions

All plans listed in Supplement # 3 shall be submitted to FDNY for examination. The submission must include a duly completed TM-1 form.

**All forms must be typed in black or blue color.**

Fee for Plan Examination: use Supplement # 4 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 1<sup>st</sup> floor, or mail it to the address shown in Supplement # 1.

**Note:** Fire Alarm Plans must be submitted in person at Window # 8 and resubmissions through Window # 16 on the 1<sup>st</sup> floor.

Date: _____	<b>Total fee: \$</b> _____ (as calculated in Supplement # 4)	<b>(FD use only)</b> F P Index No. _____ FPIMS No. _____
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<b>1</b>	<input type="checkbox"/> <b>NEW SUBMISSION</b>	<input type="checkbox"/> <b>RESUBMISSION</b> (provide the previously assigned FPIMS number and copy of latest objection issued by the respective unit) FPIMS No: _____
<b>2</b>	<b>Design and Installation Documents Submitted to</b> (Check the appropriate box for type of submission):	
	<input type="checkbox"/> <b>TECHNOLOGY MANAGEMENT</b>	<input type="checkbox"/> <b>EMERGENCY PLANNING AND PREPAREDNESS GROUP</b>
	As per FC 105.4  <input type="checkbox"/>	Fire Alarm/ Emergency Alarm  <input type="checkbox"/>
		Combined Fire Safety & Emergency Action Plan <input type="checkbox"/> Fire Safety and Evacuation Plan <input type="checkbox"/> Fire Protection Plan <input type="checkbox"/>
<b>3</b>	<b>Premises Information</b> (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: _____
<b>4</b>	<b>Applicant Information</b> (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: _____	
<b>5</b>	<b>Owner Information</b> (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: _____	
<b>6</b>	<b>Filing Representative</b> (Required if different from applicant specified in Section 4):	
	Last Name: _____	First Name: _____ Reg. No: _____
	Business Name: _____ Business Tel: _____	
	Business Address: _____	City: _____ State: _____ Zip: _____
	E-Mail: _____ Business Fax: _____	
<b>7</b>	<b>DOB/DBS Filing Status</b> (Required for all Technology Management and Fire Protection Plans applications):	
	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: _____ (print or attach barcode)	

<b>8</b>	<b>Building Occupancy Group</b> <i>(Required for all applications. Indicate dominant occupancy of the building.)</i>		
<b>9</b>	<b>Building Characteristics and Fire Protection Features:</b>		
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"/>
<b>10</b>	<b>Work Type</b> <i>(Choose your work type(s) from supplement # 3):</i>		
Installation Type # _____	Installation Type # _____	Installation Type # _____	Installation Type # _____
Other (specify): _____			
<b>11</b>	<b>Classification of Work</b> <i>(Required for all applications):</i>		
New <input type="checkbox"/>	Additions/Modifications <input type="checkbox"/>	Post Approval Amendment(PAA) <input type="checkbox"/>	
<b>12</b>	<b>Job Description</b> <i>(Required for all applications. Use separate sheet if necessary):</i>		
<b>13</b>	<b>Filed to comply with Section of Code, Rules</b> <i>(Required for all applications):</i>		
<b>14</b>	<b>Applicant's Statement and Signature</b> <i>(Required for all applications):</i>		

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.

_____	_____	_____
<i>(Signature)</i>	<i>(FD use only)</i>	<i>(Print Name)</i>
<b>Fee Paid</b> <input type="checkbox"/> <b>Amount:</b> _____	_____	
<b>Check No:</b> _____ <b>Date:</b> _____	<b>Cashier Endorsement:</b>	
<b>Plan assigned to:</b> _____		
<b>Approved</b> <input type="checkbox"/>	<b>Objection(s):</b> <input type="checkbox"/> <b>Resubmission required:</b> <input type="checkbox"/>	<b>Date:</b> _____ <b>Disapproved/Denied:</b> <input type="checkbox"/>
<b>Comment(s)/Stipulation(s):</b>		

Examiner: \_\_\_\_\_  
*(Signature)*

\_\_\_\_\_ *(Print Name)*



**Fire Department • City of New York  
Bureau of Fire Prevention**

9 MetroTech, Third Floor  
Brooklyn, NY 11201-3857

TM-1, rev 10/12  
Supplement # 1

**Supplement # 1  
INSTRUCTIONS FOR COMPLETING  
APPLICATION FORM TM-1**

**General Instructions**

- All design and installation documents for items listed in Supplement # 3 or required by NYC Fire Code shall be submitted to FDNY for examination must be accompanied by duly completed TM-1 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. Use Supplement # 4 to calculate total fee.
- 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 (except Fire Alarm applications)- to one of the following addresses:

Fire Department of City of New York  
Bureau of Fire Prevention  
Technology Management  
9 MetroTech Center, Third Floor  
Room 3W-2  
Brooklyn, NY 11201-3857

Fire Department of City of New York  
Bureau of Fire Prevention  
Emergency Planning & Preparedness Group  
9 MetroTech Center, Third Floor  
Room 3W-6  
Brooklyn, NY 11201-3857

**Detailed Instructions**

	<b>Section</b>	<b>Instructions</b>
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-1 and include the latest objection/s issued by the respective unit/s.
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	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 included for all Fire Alarm, EAP, Fire Safety, and Fire Protection plans. Must include all floors of work, name of the tenant/s if applicable and occupancy classification of the area of work.
4	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.
5	Owner Information	Provide the name, business name, address, telephone, fax, and e-mail of the premises owner.
6	Filing Representative	Provide name, business address, telephone, fax, e-mail and Registration Number (Reg. #) of the filing representative. Registration Number is the number issued by NYC Fire Department as filing processor (Expeditor).

7	DOB/DBS Filing Status	Check (X) the appropriate box to indicate whether this work is filed with Department of Buildings or Department of Business Services. 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 shall also be submitted for all fire alarm plan applications. This section must be completed for all Technology Management and Fire Protection Plan submissions.
8	Occupancy Group	Provide the dominant occupancy of the building. See supplement # 2.
9	Building Characteristics and Fire Protection Features	Indicate the height of the building, number of stories and type of construction, high rise building as per Building Code, fully sprinklered building or partially sprinklered building or non-sprinklered. If partial sprinkler protection is provided, indicate the floors that are protected by sprinklers.
10	Work Type	Indicate the type of work that is submitted for plan approval. Use Supplement # 3 to find the installation type. Specify the plan type as "Other" for all design and installation documents not listed in supplement #3 and Emergency Preparedness Plans.
11	Classification of Work	Indicate whether the plan submission is new, additions/ modifications, post approval amendment (PAA).
12	Job Description	Give a detailed description of job. Use additional sheets if necessary. Describe the type of system proposing to install as per Building Code section BC 907 requirements
13	Filed to comply with section of Codes, Rules	Indicate the section of the code or rule. If additional factors to be considered, please specify and attach supporting documents. Use additional sheets if necessary.
14	Applicant's Statement and Signature	Applicant must print his/her name and sign the application.



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**Bureau of Fire Prevention**

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TM-1, rev 10/12  
Supplement # 2

**Supplement # 2**

(see items # 3 & 8 plan examination form TM-1)

**OCCUPANCY DESCRIPTION LIST**

<b>2008 CODE</b>	<b>OCCUPANCY DESCRIPTION</b>	<b>1968 CODE</b>
<b>A</b>	<b>Assembly: group A-1, A-2, A-3, A-4, and A-5</b>	<b>F</b>
A-1	With fixed seating, intended for production and viewing of the performance arts or motion pictures	F-1a
A-2	Food and/or drink consumption	F-4
A-3	Worship, recreation or amusement (physically active) and other assembly uses not classified elsewhere in Group A	F-3 F-1b F-4
A-4	Indoor sporting events with spectator seating	F-1b
A-5	Participation in or viewing outdoor activities	F-2
<b>B</b>	<b>Business: office, professional, service-type transaction, public or civic services</b>	<b>E</b>
<b>E</b>	<b>Educational: 5 or more persons at any time for educational purposes</b>	<b>G</b>
<b>F</b>	<b>Factory and industrial: group F-1 and F-2</b>	<b>D</b>
F-1	Moderate-hazard	D-1
F-2	Involve non-combustible, non-flammable materials, or low-hazardous production	D-2
<b>H</b>	<b>High Hazard: group H-1, H-2, H-3, H-4, and H-5</b>	<b>A</b>
H-1	Materials that present a detonation hazard	A
H-2	Uses present a deflagration hazard or a hazard from accelerated burning	A
H-3	Materials that readily support combustion or present a physical hazard	A
H-4	Materials that are health hazards	None
H-5	Semiconductor fabrication facilities using hazardous production materials in excess of the permitted aggregate quantity	D-1
<b>I</b>	<b>Institutional: group I-1, I-2, I-3, and I-4</b>	<b>H J-2</b>
I-1	Housing persons on 24-hour basis, capable of self-preservation or responding to an emergency situation without physical assistance from staff	J-2
I-2	Medical, surgical, nursing or custodial care on 24-hour basis of more than 3 persons, who are not capable of self-preservation or responding to an emergency situation without physical assistance from staff	H-2
I-3	More than 5 persons who are detained under restraint or security reason	H-1
I-4	Day care facilities, occupied by persons of any age, who receive custodial care (without overnight) by individuals other than parents, guardians, or relatives in a place other than at home	H-2
<b>M</b>	<b>Mercantile: display and sale of merchandise</b>	<b>C</b>
<b>R</b>	<b>Residential: group R-1, R-2, and R-3</b>	<b>J</b>
R-1	Occupied transiently (for less than one month)	J-1
R-2	More than 2 dwelling units on a long term basis (for a month or more)	J-2
R-3	Not more than 2 apartment on a long term basis (for a month or more)	J-3
<b>S</b>	<b>Storage: group S-1 and S-2</b>	<b>B</b>
S-1	Moderate-hazard storage occupancy for any flammable or combustible materials	B-1
S-2	Low-hazard storage occupancy for non-combustible materials	B-2
<b>U</b>	<b>Utility and Miscellaneous: structures of an accessory character or not classified in any specific occupancy</b>	<b>K</b>

## Supplement # 3

(see item # 10 plan examination form TM-1)

### DESIGN AND INSTALLATION DOCUMENTS (FC 105.4)

#### Installation types

1. Aerosol products storage facilities
2. Aircraft fueling systems
3. Ammonia diffusion systems for refrigerating systems using ammonia refrigerant
4. Cellulose nitrate film storage facilities
5. CNG motor fuel-dispensing systems
6. Combustible fibers storage facilities
7. Combustible material storage
8. Corrosive materials systems and facilities
9. Cryogenic fluids systems and facilities
10. Dry cleaning systems using Class II and III solvents
11. Explosion control systems for certain hazardous materials and special uses
12. Explosion (dust) protection systems for combustible metals, metal powders, metal dusts and sulfur
13. Explosives
14. Fire Alarm Systems (BC 907)
15. Fire alarm systems for non-water extinguishing systems and hazardous material storage/handling facilities
16. Flammable and combustible liquids systems and facilities
17. Flammable gases systems and facilities
18. Flammable solids systems and facilities
19. Flammable/combustible spraying, dipping or powder-coating systems and facilities
20. Flaring systems for refrigerating systems using flammable or toxic or highly toxic refrigerants
21. Hazardous materials systems and facilities
22. Highly toxic and toxic materials systems and facilities
23. High-piled combustible storage areas
24. Industrial furnaces
25. Liquid motor fuel-dispensing systems
26. Liquefied petroleum gas (LPG)
27. Medical gas storage rooms
28. Non-flammable compressed gases systems and facilities
29. Non-water fire extinguishing systems
30. Organic coating manufacturing process facilities
31. Organic peroxides storage and facilities
32. Oxidizer systems and facilities
33. Oxygen-fuel gas systems
34. Private fire hydrant systems
35. Pyrophoric materials systems and facilities
36. Pyroxylin plastics systems and facilities
37. Semiconductor fabrication facilities
38. Sprinkler systems as required by Fire Code
39. Treatment systems for refrigerating systems using toxic or highly toxic refrigerants
40. Unstable (Reactive) materials systems and facilities
41. Water-mist fire extinguishing systems
42. Water-reactive solids and liquids systems and facilities

#### EMERGENCY PREPAREDNESS PLANS (Fire Code Chapter 4)

- Emergency action plan
- Fire protection plan
- Fire safety and evacuation plan



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TM-1, rev 10/12  
 Supplement # 4

**Supplement # 4**

**CALCULATION OF FEE FOR FIRE DEPARTMENT REVIEW OF DESIGN AND  
 INSTALLATION DOCUMENTS AND EMERGENCY PREPAREDNESS PLANS.**

- 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 number).
- All fees must be submitted with the application. Fees are non-refundable.

In order to calculate the total fees to be submitted with each application use the following guidelines:

\$420 per application per installation type.

Design and installation documents	Fee
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Indicate installation type from supplement # 3	
Other	
<b>Total fee (number of installation type multiply by \$420)</b>	

Choose type of your plan and calculate total fee.

Emergency Preparedness Application	Fee
Combined Fire Safety & Evacuation Plans and Emergency Action Plans (original) \$630	
Combined Fire Safety & Evacuation Plans and Emergency Action Plans (amended) \$210/hr, max \$630 (will be billed)	
Fire Safety and Evacuation Plans (\$210/bldg or occupancy)	
• Group B office buildings	
• Group R-1 occupancies	
• Hospitals	
• Other building or occupancy	
Fire Protection Plan (no fee)	0.00
<b>Total fee</b>	