



INSTRUCTION FOR PROCESSING

FORM NAME: VARIANCE APPLICATION

FORM NUMBER: INTDOC - VARIANCE 2/2004

PURPOSE OF FORM:

APPLICATION FOR VARIANCE FOR
F.D.N.Y. RELATED
JURISDICTIONAL MATTERS

WHO SHOULD USE THIS DOCUMENT?

ANY PERSON /INDIVIDUAL REQUESTING A
VARIANCE FROM F.D.N.Y.

**AFTER COMPLETION, THE FORM
SHOULD BE MAILED TO:**

New York City Fire Department
Bureau of Fire Prevention
9 MetroTech Center
Brooklyn, New York 11201
Chief of Fire Prevention

PAYMENT INFORMATION

IS PAYMENT REQUIRED? YES
IF SO, WHEN? AT TIME OF SUBMISSION
A NON-REFUNDABLE \$200.00
CHECK OR MONEY ORDER MADE OUT TO:
NEW YORK CITY FIRE DEPARTMENT
DO NOT SEND CASH!!!!

SPECIAL INSTRUCTIONS

DO NOT USE THIS FORM
FOR FIRE ALARM SYSTEMS
VARIANCES OR OTHER MATTERS
UNDER NYC DEPARTMENT OF
BUILDINGS' JURISDICTION.

SUBMIT IN TRIPLICATE

FOR FURTHER QUESTIONS, CONTACT:

New York City Fire Department
Bureau of Fire Prevention

Attention:
718-999-2377



Date:-----

NEW YORK CITY FIRE DEPARTMENT VARIANCE APPLICATION

Instructions:

A.—This application must be **typewritten or legibly printed in ink**, accompanied by all necessary supporting documentation.

B.—A non-refundable filing fee of \$200.00 is required at time of filing, in accordance with §27-4027.1 of the Administrative Code. Checks or money orders must be made payable to the New York City Fire Department.

C.—Do not leave any questions blank. If a particular question is not applicable, indicate same.

D.—This application **shall not** be used for variances that are under the jurisdiction of the Department of Buildings, including fire alarm systems.

E.—Variance applications shall be submitted 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 shall be directed to Captain Edward T. Sanger at (718) 999-2377.

1. Premises affected:
Block number: _____ Lot number: _____
Complete mailing address: _____

Affected floor(s): _____

2. Premises owner:
Name: _____
Complete mailing address: _____

FOR OFFICIAL USE ONLY	Application received by: _____	Date: _____	
Variance Application Number _____			
<small>2/04</small>			



3. Applicant (Occupant of affected premises):
 Business name: _____
 Business owner: _____

4. Filing representative:
 Name: _____
 Business owner: _____
 Complete mailing address: _____

 Telephone: (_____) _____ Fax: (_____) _____

5. Person to contact to make arrangement for Fire Department site inspection:

 Name: _____ Telephone: (_____) _____

6. Administrative Code or Rule section from which relief is sought?

7. Is this application being made in connection with a proposed or an existing condition?

8. Has the applicant or owner submitted any prior or similar variance applications regarding this matter? _____ If so, file a copy of what was submitted, including any response received.

9. Are there any outstanding Fire or Buildings Department violation orders, notices of violation or summons issued against the applicant or the owner for the affected premises which are related or unrelated to this matter? _____ If so, file copies and dispositions.

10. Building characteristics for affected premises
 Construction date: _____
 Construction classification: _____
 Occupancy classification: _____
 Height: _____
 Stories: _____
 Floor Areas (square footage): _____
 Certificate of Occupancy Issued: _____ If so, file copy.

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<small>2/04</small>			



11. Fire protection features of affected premises:
 Sprinkler System Installed? _____ If so, indicate areas protected:

 Standpipe system installed? _____
 Fire alarm system installed? _____
 If so, what type? _____
12. Submit a copy of the most recent Fire Department permit issued to the owner or occupant relating to this application.
13. Explain in detail the specific nature of the variance sought and describe the hardship involved in complying with such provision. If you require more space, you may attach an additional page.
 NOTE: In and of itself, economic hardship is not considered adequate.
14. Explain in detail how your proposal provides an adequate and equivalent level of safety as required by code. If you require more space, you may attach an additional page.


Owner's Statement

I have authorized the applicant to file this variance application

Owner's name: _____ Applicant's name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

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Variance Application Number _____			
<small>2/04</small>			