



FDNY

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OBEY THE LAW—FILE BEFORE STARTING WORK

FIRE DEPARTMENT • CITY OF NEW YORK

BUREAU OF FIRE PREVENTION

FIRE ALARM INSPECTION UNIT (ELECTRICAL)-ROOM 3N-1

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

TELEPHONE: (718) 999-2466

APPLICATION A-433 C

(ALL INFORMATION MUST BE TYPED)

INFORMATION TO BE PROVIDED BY APPLICANT

FPIMS No: _____

BIN No: _____

F.D Plan No: _____

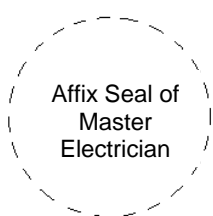
F.P Index No: _____

General Instructions

1. All questions must be answered. Reverse side must be itemized.
2. Use a SEPARATE application for each system installed.
3. Provide one (1) set of FDNY approved floor plans, TM-1 form and TB-60 form (where applicable).
4. For buildings over the allotted floors, use a second A433 C form.
5. This form is to be printed duplex on a single sheet legal size paper (8 1/2" X 14").
6. Provide an As Built Riser Diagram at the time of submission.

NOTE: SYSTEM(S) SHALL BE FULLY COMPLETED, TESTED AND MADE FREE OF ALL DEFECTS PRIOR TO REQUEST FOR AN INSPECTION

In accordance with the Administrative Building Code and Fire Code of the City of New York, application is hereby made for inspection of the electric wiring and appliances, devices and or system(s) installed, altered or repaired in premises located at:

1. Premises Information (Required for all applications):					
Building No: _____	Street Name: _____	PW-1 or FPIMS No: _____			
Borough: _____	State: _____	ZIP: _____	Occupied by: _____		
Work on floor(s): _____					
2. Owner Information (Required for all applications):					
Last Name: _____		First Name: _____			
Business Name: _____		Business Tel: _____			
Business Address: _____		City: _____	State: _____ Zip: _____		
Building Manager: _____		E-Mail: _____	Mobile Tel: _____		
3. Nature of Work (Please check all boxes which apply): <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Violation <input type="checkbox"/> Other					
Type of systems filed for:					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
List Other Systems Here: _____					
4. Electrical Contractor Information (Required for all applications):					
Last Name: _____				First Name: _____	
Business Name: _____				Business Tel: _____	
Business Address: _____				City: _____	State: _____ Zip: _____
Business Tel: _____		State: _____	Zip: _____ License No: _____		
Signature of Licensee: _____		E-Mail: _____	Date of Expiration: _____		
5. Fire Alarm Vendor Information (Required for all alarm related applications):					
Last Name: _____		First Name: _____			
Business Name: _____		Business Tel: _____			
Business Address: _____		City: _____	State: _____ Zip: _____		
COF S97 No: _____		Date of Expiration: _____			
6. Central Station Information (Required for all applications with central station monitoring services):					
Business Name: _____		CS/Abbreviation: _____			
Business Address: _____		City: _____	State: _____ Zip: _____		
Business Tel: _____		<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade <input type="checkbox"/> Altered <input type="checkbox"/> Reinstated			

