SE CITY OF NEW YORK

FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

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

TM-R2 APPLICATION FOR RANGEHOOD PLAN REVIEW

This form shall be submitted with applications for Fire Department review and approval/acceptance of all design and installation documents for commercial cooking fire extinguishing systems. Submit the completed application and payment electronically through **FDNY Business**. All revisions must be accompanied by a **detailed** cover/transmittal letter explaining the revised sections.

| Date: | | | (FDNY USE ONLY) FPIMS No. | | | | |
|---|-----------------------------------|------------------|-------------------------------|------------|--------------|-------------------|--|
| DOB PW1B Gas Valve Numbe | r (Required f | for all app | olications using | gas only): | | | |
| DOB Alt.II type Application N | umber: | | | | | | |
| 1 Premises Information | | | | | | | |
| Building No.: | Street Na | me: | | | | Floor(s): | |
| Borough: | NY Zip | : | BIN: | BIN: | | Lot: | |
| Additional Addresses: | | | | | | | |
| 2 License Holder's Information (LMFSC License required for Testing) | | | | | | | |
| Last Name: | | First Na | ame: | | | Middle Initial: | |
| Business Name: | iness Name: Licenso | | | | Phone: | | |
| Business Address: | | | City: | | State: | Zip: | |
| Email Address: | | | | | | | |
| License Holder's Signature: Date: | | | | | | ite: | |
| 3 Business Owner Informati | on | | | | | | |
| Last Name: | First Nam | First Name: | | | | Middle Initial: | |
| Business Name: Phone: | | | | | Phone: | | |
| Business Address: | | | | City: | State: | Zip: | |
| Email Address: | | | | | | | |
| 4 Filing Representative Check One: P.E. R.A. LMFSC Expeditor Business Owner | | | | | | | |
| Last Name: | First Nam | First Name: Midd | | | Middle Initi | dle Initial: | |
| Business Name: | | Phone No. R | | | Registration | Registration No.: | |
| Business Address: | | | City: | | State: | Zip: | |
| Email Address: | | | | | | | |
| 5 Filing Status | Please check the appropriate box: | | | | | | |
| ☐ New System (Attach Certificate of Occupancy/Schedule A) | | | ☐ Resubmission Plans FPIMS No | | | | |
| ☐ System Upgrade | | | ☐ Amended Plans | | | | |

| 6 | Job Description & Location of Work to be Performed: (Fa | ire S | uppression System Only) | | |
|--|---|-------|-------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7 | P.E. or R.A. Stamp or LMFSC: (Legible Stamp) | 8 | FDNY Approval: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9 | Asbestos Abatement Compliance (Choose one. & Attach re | equir | ed document). | | |
| | - | | | | |
| ☐ The scope of work is not an asbestos abatement as defined in the rules of the NYC DEP. <i>DEP Control # is required</i> . DEP ACP-5 Control No | | | | | |
| DEP ACP-5 Required, must include current commercial fire suppression work including work floor and area. | | | | | |
| ☐ The scope of work exempt from the asbestos requirement as defined in the rules promulgated by the NYC DEP (15 RCNY 1-23 (b)) or is and alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with Admin Code 28-106.1. (Certificate of Occupancy Required). | | | | | |
| | | | | | |
| 10 Business Owner Statement & Signature | | | | | |
| I have affixed my signature below hereto and certify that I am responsible for the entries made in this application filed on the date captured below, and that I have personally reviewed all of the information contained in the application and am attesting it is true and complete to the best of my knowledge. | | | | | |
| (P | rint Name) (Signature) (Date) | | | | |
| Note: In addition to filing this application the applicant is responsible for filing all other necessary applications required by other city, state, and federal laws, rules and regulations. | | | | | |
| Application Fees: | | | | | |

| Rangehood Application | \$210 | | | |
|-----------------------|--|--|--|--|
| Document Processing | \$165 (in addition to Application Fee) | | | |

Submissions of revised or corrected plans in response to Fire Department objections or request for additional information are not subject to additional plan examination fees. If determined during the plan examination that this application is considered a Complex Technical Analysis, you will be required to pay a "Complex Technical Analysis Fee."

Document Processing Fee (applications not requiring DOB work permit), including ARC Systems, Emergency Alarm, Fire Alarm, Non-Water Fire Suppression Systems and Rangehood.