



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

9 MetroTech Center, Third Floor  
Brooklyn, NY 11201-3857

**APPLICATION FOR PLAN EXAMINATION**

**General Instructions**

All plans listed in Supplement # 3 shall be submitted to FDNY for examination must be accompanied by duly completed TM-1 form. All forms must be printed or typed in black or blue ink.

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 cash, money order, or check payable to NYC Fire Department. Do not send cash.

Submit completed application in person at Window # 8, or mail it to the address shown in Supplement # 1.

**Note.** Fire Alarm Plans must be submitted in person at Window # 8. Do not mail.

Date: \_\_\_\_\_

**Total fee: \$ \_\_\_\_\_**  
(as calculated in Supplement # 4)

**(F D use only)**  
F P Index No. \_\_\_\_\_  
FPIMS No. \_\_\_\_\_

|  |  |   |                          |               |            |
|--|--|---|--------------------------|---------------|------------|
| <b>1 Plan Submitted to:</b>  |  | <i>Check the appropriate box.</i>   |                          |               |            |
| <b>Technology Management</b>   |  | <b>Emergency Planning and Preparedness Group</b>                                      |                          |               |            |
| Plans as per FC 105.4 <input type="checkbox"/>   | Fire Alarm Systems <input type="checkbox"/>                | Emergency Action Plan (EAP)   | <input type="checkbox"/> |               |            |
|  |  | Fire Safety and Evacuation Plan   | <input type="checkbox"/> |               |            |
|  |  | Fire Protection Plan  | <input type="checkbox"/> |               |            |
| <b>2 Premises Information</b>  |  | <i>Required for all applications.</i>   |                          |               |            |
| Building No: _____   |  | Street Address: _____   |                          |               |            |
| Borough: _____   | NY   | ZIP: _____  | Floor: _____             | BIN #: _____  |            |
| Occupied by: _____   |  |   |                          |               |            |
| <b>3 Applicant Information</b>   |  | <i>Required for all applications.</i>   |                          |               |            |
| Last Name: _____   |  | First Name: _____   |                          | MI: _____     |            |
| Business Name: _____   |  |   | Contact phone: _____     |               |            |
| Street Address: _____  |  |   | City: _____              | State: _____  | ZIP: _____ |
| Business Fax: _____  |  | E-Mail: _____   |                          |               |            |
| Please choose one: <input type="checkbox"/> P. E. <input type="checkbox"/> R. A. <input type="checkbox"/> Building owner <input type="checkbox"/> Building manager |  |   |                          |               |            |
| License Number (if applicable): _____  |  |   |                          |               |            |
| <b>4 Owner Information</b>   |  | <i>Required for all applications</i>  |                          |               |            |
| Last Name: _____   |  | First Name: _____   |                          | MI: _____     |            |
| Business Name: _____   |  |   | Contact phone: _____     |               |            |
| Street Address: _____  |  |   | Business Fax: _____      |               |            |
| City: _____  |  |   |                          | State: _____  | ZIP: _____ |
| <b>5 Filing Representative</b>   |  | <i>Required if applicable</i>   |                          |               |            |
| Last Name: _____   |  | First Name: _____   |                          | MI: _____     |            |
| Street Address: _____  |  |   | City: _____              | State: _____  | ZIP: _____ |
| Contact Phone: _____   |  | E-mail: _____   |                          | Reg. #: _____ |            |
| <b>6 DOB/DBS Filing Status</b>   |  | <i>Required for all Technology Management and Fire Protection Plans applications.</i> |                          |               |            |
| Filed with DOB/DBS <input type="checkbox"/>  | Copy of PW-1/ Schedule A attached <input type="checkbox"/> | DOB/DBS miscellaneous number: _____   |                          |               |            |

|                              |  |  |                                 |        |
|------------------------------|--|--|---------------------------------|--------|
| <b>7</b>                     | <b>Occupancy Classification</b>                    | <i>Required for all applications. Choose occupancy group and subgroup from "Occupancy Description List", see attachment # 2.</i> |                                 |        |
|                              |  |  |                                 |        |
| <b>8</b>                     | <b>Occupancy Description</b>                       | <i>Required for all applications</i>   |                                 |        |
| Height of Building:          |  | Number of Stories:   | Type of construction:           |        |
| <b>9</b>                     | <b>Work Type</b>                                   | <i>Choose your work type(s) from supplement # 3.</i>   |                                 |        |
| Installation type #          | Installation type #                                | Installation type #  | Installation type #             | Other: |
| <b>10</b>                    | <b>Classification of Work</b>                      | <i>Required for all applications</i>   |                                 |        |
| New <input type="checkbox"/> |  | Modification/Addition <input type="checkbox"/>   | Repair <input type="checkbox"/> |        |
| <b>11</b>                    | <b>Job Description</b>                             | <i>Required for all applications. Use separate sheet if necessary.</i>   |                                 |        |
|                              |  |  |                                 |        |
|                              |  |  |                                 |        |
|                              |  |  |                                 |        |
|                              |  |  |                                 |        |
| <b>12</b>                    | <b>Filed to comply with Section of Code, Rules</b> | <i>Required for all applications</i>   |                                 |        |
|                              |  |  |                                 |        |
| <b>13</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.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name (please print)

|                                   |  |                      |   |
|-----------------------------------|--|----------------------|---|
| <b>FD use only:</b>               |  |                      |   |
| Fee paid <input type="checkbox"/> | Amount \$:                                     | Cashier endorsement: |   |
| Check #:                          | Date:  |                      |   |
| <b>Plan assigned to:</b>          |  |                      |   |
| Approved <input type="checkbox"/> | Objection <input type="checkbox"/>             | Date:                | Disapproved/Denied <input type="checkbox"/> |
|                                   | Resubmission required <input type="checkbox"/> |                      |   |
| <b>Comments/Stipulation:</b>      |  |                      |   |
|                                   |  |                      |   |
|                                   |  |                      |   |
|                                   |  |                      |   |
|                                   |  |                      |   |



**Fire Department • City of New York**

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TM-1, rev 06/09  
Supplement # 1

**Supplement # 1**

**INSTRUCTIONS FOR COMPLETING  
APPLICATION FOR PLAN EXAMINATION FORM TM-1**

**General Instructions**

- All plans listed in Supplement # 3 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 number).
- All fees must be submitted with the application. Fees are non-refundable. Use Supplement # 4 to calculate total fee.
- Submission of revised or corrected plans in response to Fire Department objections or requests for additional detail or information, and submission of “as built” design and installation documents for Fire Department recordkeeping purposes (after Fire Department approval of the original documents), are not subject to additional plan examination fees.
- All forms must be printed or 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 11201-3857
- or by mail (except Fire Alarm Plans)- to one of the following addresses:

All Technology Management Plans  
 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

All Emergency Preparedness Plans  
 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 | Plan Submitted to     | Check (X) the appropriate box to indicate the unit the application will be submitted to.  |
| 2 | Premises Information  | Indicate building number, street name, borough, zip code, floor (if applicable) and BIN #. BIN is Building Information Number issued by the Department of Buildings and must be included for all EAP, Fire Safety, and Fire Protection plans. |
| 3 | Applicant Information | Provide the name, business name, address, telephone, fax, and e-mail of the applicant.<br>License number is the Engineer’s or the Architect’s license number issued by New York State.  |
| 4 | Owner Information     | Provide the name, business name, address, telephone, fax, and e-mail of the premises owner.   |

|    |  |   |
|----|--|---|
| 5  | Filing Representative                        | Provide name, telephone, and e-mail and Registration Number (Reg. #) of the filing representative.<br>Registration Number is the number issued by NYC Fire Department as Expeditor Registration Certificate   |
| 6  | 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 miscellaneous number and copy of PW-1 form. Copy of PW-1 Schedule A or copy of Certificate of Occupancy shall also be submitted for all fire alarm plan submissions. This section must be completed for all Technology Management and Fire Protection Plan submissions. |
| 7  | Occupancy Classification                     | Provide occupancy group with sub-group as defined in the Construction Codes. See supplement # 2 of the application form.  |
| 8  | Occupancy Description                        | Indicate the height of the building, number of stories and type of construction.  |
| 9  | Work Type                                    | Indicate the type of work that is submitted for plan approval. Use Supplement # 3 of the application form to find the installation type. Specify the plan type under "Other" for all Emergency Preparedness Plans.  |
| 10 | Classification of Work                       | Indicate whether the plan submission is new, for modification/addition or repair work.  |
| 11 | Job Description                              | Give a detailed description of job. Use additional sheets if necessary.   |
| 12 | Filed to comply with section of Codes, Rules | Indicate the section of the Code or Rule. If additional factors to be considered, please specify. Use additional sheets if necessary.   |
| 13 | Applicant's Statement and Signature          | Applicant must print his/her name and sign the application.   |



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**Supplement # 2**

(see item # 6 application for plan examination)

**OCCUPANCY DESCRIPTION LIST**

| <b>2008<br/>CODE</b> | <b>OCCUPANCY DESCRIPTION</b>  | <b>1968<br/>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<br>F-1b<br>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<br/>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 # 11 application for plan examination)

### 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 (FC 401)

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



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**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.
- Submission of revised or corrected plans in response to Fire Department objections or requests for additional detail or information, and submission of “as built” design and installation documents for Fire Department recordkeeping purposes (after Fire Department approval of the original documents), are not subject to additional plan examination fees.

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

\$210 per application per installation type.

| <b>Design and installation documents</b>                         | <b>Fee</b> |
|--|------------|
| 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                   |            |
| <b>Total fee</b> (number of installation type multiply by \$210) |            |

Choose type of your plan and calculate total fee.

| <b>Emergency Preparedness Application</b>   | <b>Fee</b> |
|---|------------|
| Emergency Action Plan (original) \$525  |            |
| Emergency Action Plan (amended) \$210/hr, max \$525 (will be billed)  |            |
| Fire Safety and Evacuation Plans (\$210/bldg or occupancy)  |            |
| <ul style="list-style-type: none"> <li>• Group B office buildings</li> <li>• Group R-1 occupancies</li> <li>• Hospitals</li> <li>• Other building or occupancy</li> </ul> |            |
| Fire Protection Plan (no fee)   | 0.00       |
| <b>Total fee</b>  |            |