



## FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

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

### TM-1 APPLICATION FOR TECH MGMT PLAN EXAMINATION/DOCUMENT REVIEW

#### General Instructions

All design and installation documents as per Fire Code shall be submitted to FDNY for examination. The submission must include a duly completed TM-1 form. Fee for Plan Examination: use Supplement # 1 to calculate total fee and write it down in the box below. 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.

Initial Filing Date: _____	<b>Total Fee: \$</b> _____	<b>(FDNY USE ONLY)</b> F P Index No. _____ FPIMS No. _____ Plan Examiner Initials _____
Resubmission Date: _____	(as calculated in Supplement # 1)	

<b>1</b>	<input type="checkbox"/> <b>NEW SUBMISSION</b>	<input type="checkbox"/> <b>RESUBMISSION</b> ( provide previously assigned FDNY Reference number and copy of latest deficient/objection letter) FDNY Reference No(s): _____
<b>2</b>	<b>Design and Installation Document Type</b> (Check Document Type Submitted)	
Fire Alarm/Fire Suppression/ARCS (Electrical) Fire Suppression (Mechanical) Plan examination as per FC105.4 New Technology/Technical Analysis (incl.FC102.8 & 104.9) ARCS Commissioning Test Report		
<b>3</b>	<b>DOB/SBS Filing Status</b> (if applicable, see detailed instructions):	
DOB Job Application No: _____ <input type="checkbox"/> SBS Job Application No: _____ <input type="checkbox"/> Copy of PW-1, Schedule A and/or <input type="checkbox"/> Certificate of Occupancy attached		
<b>4</b>	<b>Premises Information</b> (Required for all applications):	
BIN: _____    Block : _____ Building No: _____    Street Name: _____    Lot : _____ Borough: _____    NY    ZIP: _____    Work on floor(s): _____ Occupied by: _____    Occupancy classification of the area of work: _____ Business Name : _____    Building Dominant Occupancy Group : _____		
<b>5</b>	<b>Applicant Information</b> (Required for all applications. All fields must be completed):	
Last Name: _____    License Number: _____ First Name: _____    Business Tel: _____ Business Name: _____    Business Fax: _____ 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>6</b>	<b>Filing Representative</b> (Required if different from applicant specified in Section 5):	
Last Name: _____    Reg. No: _____ First Name: _____    Business Tel: _____ Business Name: _____    Business Fax: _____ Business Address: _____    City: _____    State: _____    Zip: _____ E-Mail: _____		

**(FDNY USE ONLY)**

*F P Index No.*

*FPIMS No.*

*Plan Examiner Initials* \_\_\_\_\_

<b>7</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"/>	Non-Sprinklered <input type="checkbox"/>	
Identify floor(s) protected _____			
<b>8</b>	<b>Classification of Work</b> <i>(Required for Fire Alarm and ARCS Applications only):</i>		
New <input type="checkbox"/>	Additions/Modifications <input type="checkbox"/>	Post Approval Amendment (PAA) <input type="checkbox"/>	
<b>9</b>	<b>Building Code Applicable To Project (As Required By Construction Codes/DOB Determination)</b> <i>(Required for Fire Alarm and ARCS Applications only):</i>		
<input type="checkbox"/> 1968	<input type="checkbox"/> 2008	<input type="checkbox"/> 2014	
<b>10</b>	<b>Job Description</b> <i>(Required for all applications. Attach a separate narrative page with detailed proposed job description.)</i>		
<b>11</b>	<b>Filed to Comply with Following Sections of Code, and/or Rules</b> <i>(Required for all applications):</i>		
<b>12</b>	<b>Asbestos Abatement Compliance</b> Choose <b>one</b> . <i>(if applicable, see detailed instructions):</i>		
<input type="checkbox"/> The scope of work is not an asbestos abatement as defined in the rules of the NYC DEP. DEP Control # is required. DEP ACP-5 Control No. _____. <i>(DEP ACP-5 Required).</i>			
<input type="checkbox"/> 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 an 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. <i>(Certificate of Occupancy Required).</i>			
<b>13</b>	<b>Landmark Building</b> <i>(Required for all applications):</i>		
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, provide documentation as per instructions).</i>			
<b>14</b>	<b>Flood Hazard Area</b> <i>(Required for Fire Alarm and ARCS Applications only):</i>		
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, provide documentation as per instructions).</i>			

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**15 Applicant's Statement and Signature** *(Required for all applications):*

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.

\_\_\_\_\_

*(Print Name)* \_\_\_\_\_ *(Signature)* \_\_\_\_\_ *(Date)*

**16 Property Owner Information** *(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: _____

**17 Property Owner's Statement and Signature** *(if applicable, see detailed instructions):*

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.

\_\_\_\_\_

*(Print 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.**

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

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



### Supplement # 1

## INSTRUCTIONS FOR COMPLETING TM-1 APPLICATION

### General Instructions

- All design and installation documents submitted to the Fire Department for plan examination (as required by the New York City Fire Code or Fire Department rules) must be accompanied by a duly completed TM-1 form.
- A separate Fire Department application must be submitted (and separate application fee paid) for each installation or other work filed under a separate application with the New York City Department of Buildings (DOB) or Small Business Services (SBS).
- Submit the completed application electronically through [FDNY Business](#).
- All fees must be submitted with the application. Fees are non-refundable. 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." See "Application Fee" below for more information.
- All revisions must be accompanied by a **detailed** cover/transmittal letter explaining the revised sections.
- If additional space is required, please use 8 ½ x 11 sheet and attach to the form.

**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.**

### Detailed Instructions

	Section	Instructions
1	New or Resubmission	Check (X) the appropriate box to indicate the application is new or resubmission. All resubmissions must have the assigned FDNY Reference Number (FPIMS No./Record ID) printed on TM-1 and include the latest objection/s issued by the respective unit/s as applicable.
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	DOB/SBS Filing Status	Provide DOB/SBS application number and copy of the PW-1 application for all scopes of work that include new buildings or change of use/occupancy. Copy of approved PW-1A (Schedule A) or copy of Certificate of Occupancy (CO) shall also be submitted for all fire alarm plan applications.
4	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 submitted for all applications. Must include all floors of work, name of the tenant/s if applicable and occupancy classification of the area of work. Provide the building occupancy group or dominant occupancy of the building. Provide business name.
5	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 for PE or RA. Choose if the applicant is P.E., R.A., building owner or building manager.

6	Filing Representative	Provide name, business address, telephone, e-mail and Registration Number (Reg. No.) of the filing representative. Registration Number is the number issued by NYC Fire Department as filing representative (Expeditor).
7	Building Characteristics and Fire Protection Features	Indicate the height of the building, number of stories and type of construction, and if the building is located in an area of special flood hazard. Indicate if building is fully sprinklered, partially sprinklered, or non-sprinklered. If partial sprinklered protection is provided, indicate the floors that are protected by sprinklers.
8	Classification of Work	Check (X) the appropriate box to indicate whether the plan submission is new, additions/ modifications, or post approval amendment (PAA). If it is a PAA, indicate the document number and in job description (Section 10) include the reason for the PAA request. <b>This section must be completed for all Fire Alarm and ARCS applications.</b>
9	Building Code Applicable To Project	Check (X) the appropriate review request. <b>This section must be completed for all Fire Alarm and ARCS applications.</b>
10	Job Description	Give a detailed description of job. Attach a separate narrative page with detailed proposed job description. For fire alarm and ARCS applications: Describe the type of system proposing to install as per Building Code/Fire Code for all "FA" applications.
11	Filed to comply with section of Code, Rules	Indicate the section of the code or rule. If additional factors to be considered, please specify. Use additional sheets if necessary.
12	Asbestos Abatement Compliance	Complete section and attach respective DEP Forms ACP 5 OR Certificate of Occupancy. <b>Required for Fire Alarm, ARCS and Non-Water Fire Suppression applications.</b>
13	Landmarks Section	If marked yes: For Interior Landmarks, provide Landmarks approval. For Individual Landmarks & buildings in Historic Districts, provide documentation signed and stamped by P.E. or R.A. stating "Scope of work is under exemptions for Landmarks approval and the exterior will not be altered in any way." Statement may be on separate sheet of paper or on plans. If the exterior will be altered, provide Landmarks approval.
14	Flood Hazard Area	If yes, provide statement on plans; "Design is in compliance with NYC DOB Building Code Appendix G." <b>Required for Fire Alarm and ARCS applications only.</b>
15	Applicant's Statement and Signature	Applicant must sign and date the application.
16	Property Owner Information	Provide the name, business name, address, telephone, fax, and e-mail of the property owner.
17	Property Owner's Statement and Signature	Owner must sign and date the application.

**Application Fees:** Choose type of your plan as indicated below and submit appropriate fees with each application:

1	Plan Examination FC 105.4	\$420
2	Fire Alarm Plan/ARCS	\$420
3	Emergency Alarm Plan FC 908	\$420
4	Document Review	\$420
5	Fire Suppression Plan (mechanical portion)	\$420
6	New Technology/Technical Analysis including FC102.8 & FC104.9	\$525 (in addition to Plan Examination Fee)
7	Document Processing Fee	\$165 (in addition to other applicable fees)
8	ARCS Commissioning Test Report	\$420
<p>***Late Plan Filing: 50% to 100% surcharge (based on filing delay) ***  Document Processing Fee (applications not requiring DOB work permit), including ARC Systems, Emergency Alarm, Fire Alarm, Non-Water Fire Suppression Systems and Rangehood</p>		