



Fire Department * City of New
Bureau of Fire Prevention
9 METROTECH CENTER
BROOKLYN, NY 11201-3857



APPLICATION FOR RANGEHOOD PLAN REVIEW

This form shall be submitted with applications for Fire Department review and approval of all design and installation documents for commercial cooking fire extinguishing systems. Submissions of revised or corrected plans in response to Fire Department objections or request for additional detail information, and submissions 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. A completed copy of this application must be returned to the Inspector at the time of test.

Date: 02/14/2018

(F.D. use only)
FPIMS No.

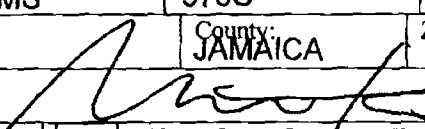
38055836

F.D. Plan No.

NOTE: Print or type in black or blue ink.
All information must be filled out.

DOB Cooking equipment/plumbing emergency gas shut off valve number: 123174279
(Required for all applications using gas only)

DOB Alt. II type application No.

1 Premise Information		<i>Required for all applications</i>	
Building No.: <u>792</u>		Street Name: <u>9 AVENUE</u>	
Borough: <u>MANHATTAN</u>	NY	Zip: <u>10019</u>	Floor(s): <u>001</u>
Additional Addresses:			
2 Licensed Holder's Information		<i>Required for all applications</i>	
Last Name: <u>KHAN</u>		First Name: <u>MUNTAZ</u>	Middle Initial:
Business Name: <u>UNIQUE FIRE SYSTEMS</u>		License No.: <u>978C</u>	Phone: <u>718 526 6363</u>
Business Address: <u>178-16 93 AVENUE</u>		County: <u>JAMAICA</u>	Zip: <u>11433</u>
License Holders Signature: 			
3 Filing Representative:		☐ Check One: R.A. ☐ P.E. ☒ Expeditor ☐ Owner ☐ Contractor ☐ Mailed In	
Last name: <u>KHAN</u>		First Name: <u>JASON</u>	Middle Initial: <u>J.</u>
Last name:		First Name:	Middle Initial:
Business Name: <u>UNIQUE FIRE SYSTEMS</u>		Phone No.: <u>(718) 526-6363</u>	Registration No.: <u>3048</u>
Business Address: <u>178-16 93 AVENUE</u>		Fax No.: <u>(718) 262-9684</u>	
		County: <u>JAMAICA</u>	Zip: <u>11433</u>
4 Filing Status		<i>Required for all applications</i>	
Please Check the appropriate Box:			
☒ New Filing		☐ Revised Plans F.D. Plan No. _____	
☐ System Upgrade		☐ Amended Plans F.D. Plan No. _____	
Date Tested:	Violation Order No.(s)		Inspector's Name:

Job Description & location of work to be Performed: *(Fire suppression System Only).*

R.A. or P.E. Stamp:



FDNY Approval:

FIRE DEPARTMENT CITY OF NEW YORK PLAN APPROVAL	
DATED: <u>01/22/18</u>	FPIMS # <u>3205536</u>
EXAMINER: <u>[Signature]</u>	
THIS CONSTITUTES FDNY APPROVAL OF THE DESIGN OF THE FIRE EXTINGUISHING SYSTEM INSTALLATION SHOWN ON THIS PLAN. FINAL APPROVAL OF THE INSTALLATION IS SUBJECT TO INSPECTION AND TESTING AS REQUIRED BY CURRENT LAW.	

Note: There are two spaces for the filing representative's information, only those names listed may be permitted to pick up the applications. Should the applicants not be available, a substitute may be arranged when approved by the Unit Supervisor by calling 718 999-2499.

This form once stamped approved by FDNY must be returned to the inspector at the time of the test along with an original copy of the plan. Failure to return these documents will result in the cancellation of the test.