



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. All forms must be typed in black or blue color.

Fee for Plan Examination: use Supplement # 1 to calculate total fee and write it down in the box below.

All payments shall be made in money order, check, or credit card, payable to **NYC Fire Department**. **Do not send cash.**

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

Note: Fire Alarm Plans must be submitted in person at Window # 8 and resubmissions through Window # 16 on the 1st floor.

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

1	☒ NEW SUBMISSION	☐ RESUBMISSION (provide the previously assigned FPIMS number and copy of latest objection issued by the respective unit) FPIMS No: _____
2	Design and Installation Documents Submitted to TECHNOLOGY MANAGEMENT (TECH MGMT)	
(Check the appropriate box for type of submission): Fire Alarm/Fire Suppression (Electrical) ☒ Fire Suppression (Mechanical) ☐ Plan examination as per FC105.4 ☐ New Technology/Technical Analysis (incl.FC102.8 & 104.9) ☐		
3	DOB/SBS Filing Status (if applicable, see detailed instructions):	
DOB Job Application No: 123503770 ☐ SBS Job Application No: _____ ☐ Copy of PW-1, Schedule A and/or Certificate of Occupancy attached ☒		
4	Premises Information (Required for all applications):	
BIN: 1019951 Block : 911 Building No: 227 Street Name: East 30th street Lot : _____ Borough: MANHATTAN NY ZIP: 10038 Work on floor(s): rof Occupied by: hospital Occupancy classification of the area of work: com Business Name : nyu Building Dominant Occupancy Group : com		
5	Applicant Information (Required for all applications. All fields must be completed):	
Last Name: BONIFACIC License Number: 075476 First Name: DAVID Business Tel: (212) 791-8300 Business Name: WB ENGINEERS & CONSULTANTS Business Fax: _____ Business Address: 110 WILLIAM STREET, 23RD City: NEW YORK State: NY Zip: 10038 Choose one: ☒ P. E. ☐ R. A. ☐ Building Owner ☐ Building Manager E-Mail: DBONIFACIC@WBENGINEERING.COM		
6	Filing Representative (Required if different from applicant specified in Section 5):	
Last Name: HERNANDEZ Reg. No: 002558 First Name: PETER Business Tel: (212) 233-6344 Business Name: METROPOLIS GROUP INC Business Fax: _____ Business Address: 22 CORTLANDT STREET, 10 City: NEW YORK State: NY Zip: 10007 E-Mail: RICHIEC@METROPOLISNY.COM		

(FDNY USE ONLY)

F P Index No. _____

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7	Building Characteristics and Fire Protection Features:		
Building Height (ft.): <u>130</u>	Building Stories: <u>8</u>	Construction Classification: <u>1</u>	Occupied floor located more than 75 ft above the lowest level of FD vehicle access: ☐
Fully Sprinklered ☒	Partially Sprinklered ☐ Identify floor(s) protected _____		Non-Sprinklered ☐
8	Classification of Work (Required for Fire Alarm Applications only):		
New ☐	Additions/Modifications ☐	Post Approval Amendment (PAA) ☒	
9	Building Code Applicable To Project (As Required By Construction Codes/DOB Determination) (Required for Fire Alarm Applications only):		
☐ 1968	☐ 2008	☒ 2014	
10	Job Description (Required for all applications. Use separate sheet if necessary):		
Filing PAA to supersede applicant of record to submit the final as built plan to the inspection unit for LOA.			
11	Filed to Comply with Following Sections of Code, and/or Rules (Required for all applications):		
907.2.1			
12	Asbestos Abatement Compliance Choose one. (if applicable, see detailed instructions):		
☒ The scope of work requires related asbestos abatement as defined in the rules of the NYC Department of Environmental Protection (DEP). (DEP ACP-7 & ACP-21 Required). ☐ 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. _____ (DEP ACP-5 Required). ☐ 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. (Certificate of Occupancy Required).			
13	Landmark Building (Required for all applications):		
Yes ☐ No ☒ (If yes, provide documentation as per instructions).			
14	Flood Hazard Area (Required for Fire Alarm Applications only):		
Yes ☐ No ☒ (If yes, provide documentation as per instructions).			

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F P Index No. _____
FPIMS No. _____
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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 to a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for proper 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.

DAVID BONIFACIO

(Print Name)

5/15/20
(Date)



16 Property Owner Information (Required for all applications. All fields must be completed):

Last Name: EVERETTE	First Name: BEAU	Business Tel: (646) 754-3916
Business Name: NEW YORK UNIVERSITY, ANEW YORK		Business Fax: _____
Business Address: 70 WASHINGTON SQUARE	City: NEW YORK	State: NY Zip: 10012
E-Mail: WILLIAM.EVERETT@NYUMC.ORG		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.

BEAU EVERETT

(Print Name)

Beau Everett
(Signature)

5.18.20
(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.

(FDNY USE ONLY)

Fee Paid ☐	Amount: _____	Cashier Endorsement: _____
Check No: _____	_____	
Plan assigned to: _____		
Approved: ☐	Objection(s): _____ Resubmission required: ☐	Date: _____ Disapproved/Denied: ☐
Comment(s)/Stipulation(s): _____ _____ _____ _____ _____		

Examiner: _____
(Signature)

(Print Name)