



Fire Department * City of New York
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: _____

(F.D. use only)

FPIMS No. _____

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: _____
(Required for all applications using gas only)

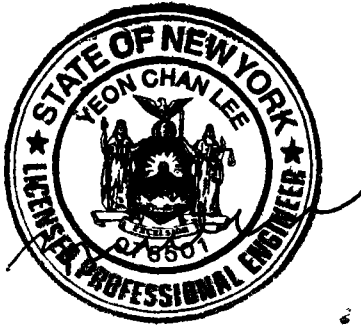
DOB Alt. II type application No. _____

1	Premise Information	Required for all applications		
Building No.: 147		Street Name: 3 Ave		
Borough: New York		NY	Zip: 10003	Floor(s)
Additional Addresses:				
2	Licensed Holder's Information	Required for all applications		
Last Name: ZHOU		First Name: CHARLES	Middle Initial: B	
Business Name: NY FIRETECH INC		License No: 504C	Phone: 718-888-2999	
Business Address: 40-50 192 street		County: Queens	Zip: 11358	
License Holders Signature: <i>Charles B. Zhou</i>				
3	Filing Representative:	☐ Check One: R.A. ☒ P.E. ☐ Expeditor ☐ Owner ☐ Contractor ☐ Mailed In		
Last name: LEE		First Name: YEON CHAN		Middle Initial:
Last name:		First Name:		Middle Initial:
Business Name: LEE ENGINEERING .P.C		Phone No. 718-429-0181	Registration No.:	
Business Address: 101-14 NORTHERN BLVD.		County: QUEENS	Zip: 11368	
4	Filing Status	Required for all applications		
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:

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.