



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: _____	Total Fee: \$ _____ (as calculated in Supplement # 1)	(FDNY USE ONLY) F P Index No. _____ FPIMS No. 2022-WITHDRAWAL-000092 Plan Examiner Initials <u>TYH</u>
Resubmission Date: _____		

1	☒ NEW SUBMISSION ☐ RESUBMISSION (provide previously assigned FDNY Reference number and copy of latest deficient/objection letter) FDNY Reference No(s): _____	
2	Design and Installation Document Type (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	
3	DOB/SBS Filing Status (if applicable, see detailed instructions): DOB Job Application No: 123826351 ☐ SBS Job Application No: _____ ☐ Copy of PW-1, Schedule A and/or ☐ Certificate of Occupancy attached	
4	Premises Information (Required for all applications): BIN: 1037556 Block : 1317 Building No: 211 Street Name: East 43rd Street Lot : 7 Borough: Manhattan NY ZIP: 10017 Work on floor(s): 3 Occupied by: Commercial buildings Occupancy classification of the area of work: COM Business Name : _____ Building Dominant Occupancy Group : COM	
5	Applicant Information (Required for all applications. All fields must be completed): Last Name: Lilker License Number: 060859 First Name: Bruce Business Tel: (212) 695-1000 Business Name: Lilker Associates Consulting Engineers Business Fax: _____ Business Address: 1001 Ave of the Americas, 9th City: New York State: NY Zip: 10018 Choose one: ☒ P. E. ☐ R. A. ☐ Building Owner ☐ Building Manager E-Mail: BLILKER@LILKER.COM	
6	Filing Representative (Required if different from applicant specified in Section 5): Last Name: _____ Reg. No: _____ First Name: _____ Business Tel: (212) 791-4578 Business Name: William Vitacco Associates, Ltd. Business Fax: _____ Business Address: 299 Broadway, 5th floor City: New York State: NY Zip: 10007 E-Mail: _____	

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7	Building Characteristics and Fire Protection Features:		
Building Height (ft.): <u>298</u>	Building Stories: <u>25</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 and ARCS 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 and ARCS Applications only):		
☐ 1968	☐ 2008	☒ 2014	
10	Job Description (Required for all applications. Attach a separate narrative page with detailed proposed job description.)		
Respectfully requesting to withdraw this application as the work was never done. WVA #41722/20			
11	Filed to Comply with Following Sections of Code, and/or Rules (Required for all applications):		
BC-907			
12	Asbestos Abatement Compliance Choose one. (if applicable, see detailed instructions):		
☒ 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. <u>1555767</u> . (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 and ARCS Applications only):		
Yes ☐ No ☒ (If yes, provide documentation as per instructions).			

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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.

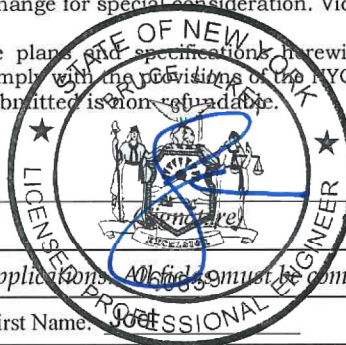
I hereby acknowledge that the application fee submitted is non-refundable.

Bruce Lilker

(Print Name)

3-4-22

(Date)

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

Last Name: Breitkopf First Name: Joel Business Tel: (212) 683-0044

Business Name: CP/lpers Alchemy 43rd Street Owner Business Fax:

Business Address: 800 3rd Avenue, 22nd Floor City: New York State: NY Zip: 10022

E-Mail: joel@alchemy-properties.com 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.

Joel Breitkopf

(Print Name)

(Signature)

3/2/22

(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 ☐ Amount: _____

Check No: _____ Cashier Endorsement: _____

Plan assigned to: _____

Approved:



Objection(s):

Date: _____

Disapproved/Denied:

Resubmission required: ☐☐

Comment(s)/Supplication(s):

The request for withdrawal of DOB No. 123826351 is hereby approved subject to inspection, the work was not pursued and no work was performed.

Contact the Fire Alarm Inspection Unit (FAIU) to schedule an inspection.

Upon completion and issuance of final approval by inspection, contact NYC DOB to withdraw application DOB No. 123826351 from the BIS system.

Examiner: _____

(Signature)

Ting Yu Huang

Chief Plan Examiner

(Print Name)

Office of Technology Management, BFP
5/27/2022