



# INSTRUCTION FOR PROCESSING

**FORM NAME:** FIRE ALARM - ALARM &  
INSPECTION POLICY

**FORM NUMBER:** INTDOC - 1/2002

**PURPOSE OF FORM:**

TO PROVIDE OWNERS & MANAGERS  
WITH FORMS & REQUIREMENTS FOR  
FIRE ALARM FILING & INSPECTIONAL  
PROFESSIONALS.

**WHO SHOULD USE THE DOCUMENT?**

BUILDING OWNERS, MANAGERS & FIRE  
ALARM INDUSTRY PARTIES

**AFTER COMPLETION, THE FORM  
SHOULD BE MAILED TO:**

**New York City Fire Department**  
Bureau of Fire Prevention  
9 MetroTech Center  
Brooklyn, New York 11201  
ROOM: 3E-1

**PAYMENT INFORMATION**

IS PAYMENT REQUIRED? YES  
IF SO, WHEN?  
AFTER INSPECTION SERVICES ARE  
PERFORMED.

DO NOT SEND CASH!!!!

**SPECIAL INSTRUCTIONS**

WHEN SUBMITTING, PLEASE  
RETURN THE ENTIRE  
PACKAGE.

**FOR FURTHER QUESTIONS, CONTACT:**

**New York City Fire Department**  
**Bureau of Fire Prevention**  
**FIRE ALARM INSPECTION UNIT**  
**Attention:**  
SUPERVISING INSPECTOR  
718-999- 2466,2467, 2468, 2469



**FIRE DEPARTMENT • CITY OF NEW YORK  
BUREAU OF FIRE PREVENTION  
FIRE ALARM INSPECTION UNIT (ELECTRICAL) – ROOM 3N-1  
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857**

**INSTRUCTIONS FOR OBTAINING A LETTER OF APPROVAL**

**LETTER OF DEFECT**

You must correct the issued defects. You may request reconsideration of any application of code concerning a cited item of defect. (See Below)

**CERTIFICATION OF CORRECTION OF DEFECTS**

This form is on the reverse side of the Letter of Defect. (See Yellow Form)

Have a Registered Architect, Professional Engineer, or Licensed Electrical Contractor fill out the “Certification of Correction of Electrical Defects” form in entirety and return it notarized to the Bureau of Fire Prevention, Electrical Unit, 9 Metro Tech Center, Brooklyn NY 11201-5884

A copy of this Form may be submitted for defects being certified by additional authorized professionals.

Failure to submit the Certification of Correction of Electrical Defects within sixty days from the date of this notice may result in the issuance of a Violation Order to the deficiencies noted on the attached Letter of Defect.

Please provide a self-addressed stamped envelope for return of Letter of Approval.

**REQUEST FOR RECONSIDERATION**

Submit a separate Form for each defect for which you are requesting a reconsideration accompanied by a self addressed stamped envelope.

The Request may be submitted by the Owner or designated representative.  
Reconsideration of defect will be issued only on application of code.

This form can be reproduced for your use and may be submitted with your “Certification of Defect” Form.

If the reconsideration is not granted, all of the defects must be certified in order to obtain the letter of approval.

**LETTER OF APPROVAL**

After acceptance of the “Certification of Correction”, the Owner will be sent a letter of Approval. Additionally, the professional who certified the system will be sent a copy of the Letter of Approval in the self-addressed, stamped envelope provided.

Starting April 1, 2002, fire alarm system Letter of Approvals will also be issued via the Fire Department’s FPIMS System ( Fire Prevention Information Management System). In order for the system to issue a Letter of Approval, all outstanding bill balances for that inspection must be paid.

**AUDITS**

Certification will be audited at random. Falsification of any statement is punishable by fine or imprisonment or both, pursuant to New York City Administrative Code Section 10-154.

**INQUIRIES**

If you have specific questions, you may contact any Electrical Supervisor by calling (718) 999-2466, Monday through Friday, 9:00 a.m. to 12 noon.

Fire Department • City of New York
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT (ELECTRICAL) – ROOM 3N-1
9 MetroTech CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2466



APPLICATION FOR PLAN EXAMINATION
PRINT OR TYPE

Date: \_\_\_\_\_ Ref. No.: \_\_\_\_\_ (F.D. USE ONLY)

NOTICE: All questions must be answered.

- Original
Resubmission

1. Premises \_\_\_\_\_ Borough of \_\_\_\_\_ Zip \_\_\_\_\_
Owned by \_\_\_\_\_ Owner's Address \_\_\_\_\_ Boro \_\_\_\_\_ Zip \_\_\_\_\_
Occupied by \_\_\_\_\_ Used as \_\_\_\_\_

Table with 3 columns: Class, Name, Class, Name, Class, Name. Rows include occupancy classifications like High Hazard, Storage, Mercantile, Industrial, Business, Assembly, Residential, etc.

3. Number of Stories \_\_\_\_\_ Note: For new bldgs. alt or mixed occupancies submit Department of Buildings Schedule A \_\_\_\_\_

4. Height of Building \_\_\_\_\_

5. PLEASE CHECK ALL BOXES WHICH APPLY Character of Work: New Alteration Repair
Type of systems filed for: Individual Coded I.F.A., Class J (LL-16), Carbon Dioxide, Oxygen Alarm/Nitrous Oxide, etc.

6. Building Department Application No. \_\_\_\_\_ List Other Systems Here: \_\_\_\_\_

7. Specific section of Code under which this system is to be installed \_\_\_\_\_

8. Specific Reference Standard under which this system is to be installed \_\_\_\_\_

NOTE: Falsification of any statements made herein is an offense punishable by fine or imprisonment, or both. Penalty for falsification (N.Y.C. Admin. Code Section 10. 154.)
Installation must be made by Licensed Electrical Contractor, who shall file Application A433 before work commences. All Approvals subject to field inspection and test.
The Floor Plans, if not enclosed, must be picked up at the N.Y.C. Fire Department, by presenting the Application within 10 days of this date. These stamped Plans, or copy, shall be available on job site at time of their inspection.
Acceptance of this application DOSE NOT waive any requirement of Law, Code, Regulation, or Directive.

Applicant's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Prepared by \_\_\_\_\_

BUREAU OF FIRE PREVENTION

Accepted \_\_\_\_\_ Examiner \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Examiner \_\_\_\_\_ Date \_\_\_\_\_

- Reason: 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CITY OF NEW YORK FIRE DEPARTMENT  
FIRE ALARM INSPECTION UNIT** **B-45**

**REQUEST FOR INSPECTION DATE**

**DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PREMISES NAME:** \_\_\_\_\_ **BORO:** \_\_\_\_\_

**PREMISES TELEPHONE:** \_\_\_\_\_

**NEAREST INTERSECTION:** \_\_\_\_\_

**MEETING LOCATION:** \_\_\_\_\_

**TYPE OF SYSTEM:** \_\_\_\_\_ **FLOOR:** \_\_\_\_\_

**PREMISES OCCUPANCY:** \_\_\_\_\_

**INSPECTION REQUEST MADE BY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**COMPANY NAME AND ADDRESS:** \_\_\_\_\_

**BUILDING OWNER OR MANAGING AGENT**

**NAME: (PRINT)** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**BEFORE INSPECTION DATE CAN BE ISSUED:**

- F.D. Form A433 must be enclosed, signed and sealed.
- F.D. plan approval must be enclosed with fire alarm riser and PW1 application.
- Submit this request form with three (3) copies.
- Submit this request with a stamped, self-addressed envelope for return of the inspection date.

**INSPECTION DATE WILL NOT BE ISSUED IF THE ABOVE IS NOT COMPLETED.**

Office Use Only

<b>INSPECTOR:</b> _____
<b>DATE:</b> _____ <b>AT:</b> _____

Requests for inspection, information, or verification, contact any unit supervisor at (718) 999-2466 or (718) 999-1617. Any problems contact Unit Manager Gittlitz at (718) 999 2470 or Chief Bacci (718) 999-2377

Notification signs shall be posted in the premises prior to the test date. Signs may be obtained from the Fire Alarm Inspection Unit 3<sup>rd</sup> Floor, 9 MetroTech Center, Brooklyn NY 11201.

Sufficient manpower and material shall be made available to conduct test.

\_\_\_\_\_  
SUPERVISOR FIRE ALARM INSPECTION UNIT

\_\_\_\_\_  
DATE ASSIGNED

ADDRESS: \_\_\_\_\_  
FD CODE: \_\_\_\_\_



**OBEY THE LAW—FILE BEFORE STARTING WORK**

FIRE DEPARTMENT • CITY OF NEW YORK

**BUREAU OF FIRE PREVENTION**

FIRE ALARM INSPECTION UNIT (ELECTRICAL)-ROOM 3N-1

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

TELEPHONE: (718) 999-2466

**NOTE: SYSTEMS(S) SHALL BE TESTED AND MADE FREE OF ALL DEFECTS PRIOR TO REQUESTED FOR INSPECTION**

Application No. \_\_\_\_\_

F.D. Folder No. \_\_\_\_\_

F.D. Plan No. \_\_\_\_\_

**APPLICATION A-433**

(ALL INFORMATION MUST BE TYPED)

In accordance with the Administration building Code and Fire Code of the City of New York, application is hereby made for inspection of the electric wiring and appliances installed, altered or repaired in premises located at:

Premises \_\_\_\_\_ Borough of \_\_\_\_\_ Zip \_\_\_\_\_

Owned by \_\_\_\_\_ Owner's Address \_\_\_\_\_ Boro \_\_\_\_\_ Zip \_\_\_\_\_

Occupied by \_\_\_\_\_ Used as \_\_\_\_\_

- NOTICE:** 1. All questions must be answered. Reverse side must be itemized. May modify device column if necessary. Use a SEPARATE application for each system installed.
2. Three (3) sets of electrical floor plans with the component parts located thereon and performance specifications are required. Plans NOT REQUIRED if Fire Department approved plans are on file.

**PLEASE CHECK ALL BOXES WHICH APPLY.** Character of Work:  New  Alteration  Repair

Type of systems filed for:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Individually Coded I.F.A | <input type="checkbox"/> Modified Class J   | <input type="checkbox"/> Carbon Dioxide            | <input type="checkbox"/> Oxygen Alarm/Nitrous Oxide            |
| <input type="checkbox"/> Master Coded I.F.A       | <input type="checkbox"/> Modified Class J-1 | <input type="checkbox"/> Standpipe Fire Pump       | <input type="checkbox"/> Standpipe Fire Signal System          |
| <input type="checkbox"/> Non-Coded I.F.A          | <input type="checkbox"/> Class E            | <input type="checkbox"/> Sprinkler Booster Pump    | <input type="checkbox"/> Standpipe (Limited) Service Fire Pump |
| <input type="checkbox"/> Sprinkler Alarm          | <input type="checkbox"/> Advisory Class E   | <input type="checkbox"/> Smoke Detection For _____ |  |
| <input type="checkbox"/> Stair Pressurization     | <input type="checkbox"/> Modified Class E   | <input type="checkbox"/> Heat Detection For _____  |  |
| <input type="checkbox"/> Class C (Mercantile)     | <input type="checkbox"/> Central Office     | <input type="checkbox"/> Other (Specify) _____     |  |
| <input type="checkbox"/> Class J (LL-16)          | <input type="checkbox"/> Connection         |  |  |

Building Department Application No. _____	List Other Systems here:
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Authorized Central Office Company \_\_\_\_\_ Affix Department of Buildings

Location of Panels/Control Boards \_\_\_\_\_ Electrical Contractor Seal here

Name of Electrical Co. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Date of Application \_\_\_\_\_

Zip Code \_\_\_\_\_ License No. \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**APPLICANT--DO NOT WRITE BELOW THIS LINE**

**RECOMMENDATION:**

Installed as per Plan No. \_\_\_\_\_ System \_\_\_\_\_

Date \_\_\_\_\_ Inspector's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**CONTRACTOR TO PROVIDE THIS INFORMATION**

**Please note: For buildings over 20 floors, please print and use the back of the A-433 form until you have reached the correct amount of floors in your building.**

Indicate Number of Proposed Devices on all Floors	Cellar	Basement	First Floor	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Thirteenth	Fourteenth	Fifteenth	Sixteenth	Seventeenth	Eighteenth	Nineteenth	Twentieth	Pool/Penthouse	Manufacturer W/Model #	Board of Standards & Appeals Cal. No.	Wire Gauge and Insulation	
																									-OR- Materials of Equip Acceptance No.		
Manual Stations																											
Gong/Chimes																											
Horns																											
Horn/Strobes																											
Speakers																											
Speaker/strobes																											
Strobes																											
Strap Keys																											
Telephone Wardens Stations																											
S/D--Area																											
S/D-Elevator Lobby																											
S/D-Duct																											
S/D																											
S/D-EMR																											
H/Detector																											
Door Release Strikes																											
Pumps Spkler.Booster																											
Pumps Std. Pipe																											
Pump Special Serv.																											
Waterflow																											
Valve Temp.																											
Tank Pressure																											
Class 3 Manuel																											
C.O.C.																											
Info Display (s) or Annunciators																											
Control Board(s)																											
Fire Comm. Station																											

**INSPECTIONS**

System	Date	Report Recommend	Inspector	System	Date	Report Recommend	Inspector

**Remarks:**

V.O. Number	Date Issued	Recommend Dismissal <input type="checkbox"/>
		Examiner