



**FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT**

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892



REQUEST FOR RECONSIDERATION OF ELECTRICAL DEFECT

Submission:

All reconsideration must be forwarded to Technology Management Unit by submitting through Window No. 8 on 1st floor, 9 MetroTech Center, Brooklyn NY 11201 in triplicate. Must be typewritten. Enclose a self-addressed stamped envelope.

1	INFORMATION REQUIRED (Applicant Info)
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NAME: _____ **COMPANY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL: _____ **BUSINESS TELEPHONE:** _____ **MOBILE TELEPHONE:** _____

LICENSE No. (R.A., P.E., CONTRACTOR, EXPEDITOR - IF APPL.): _____ **SIGNATURE:** _____

2	DEFECT (Must be typewritten, attach a copy of Letter of Defect)
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INSPECTION DATE: _____ **PW-1 No.:** _____ **CONTROL No.:** _____ **DEFECT ITEM No.:** _____

TEXT OF DEFECT:

3	STATEMENT OF RECONSIDERATION WITH JUSTIFICATION (State the basis of disagreement with defect supported by respective regulation, code section, etc.)
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Supporting Documents attached? ? YES ? NO Specify: _____

4	OFFICE USE ONLY
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Date Submitted: _____ Date Processed: _____

THE ABOVE REQUEST FOR RECONSIDERATION IS: **? APPROVED** **? DENIED**

If reconsideration is not granted, the defect must be corrected in order to obtain the Letter of Approval. Filing for reconsideration does not constitute an extension of the compliance time.

COMMENT: _____

CHIEF OF TECHNOLOGY MANAGEMENT _____ **(SIGNATURE)** _____ **(DATE)** _____