FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT

REQUEST FOR INSPECTION DATE

REFERENCE DOCUMENT No: _____ DATE: _____
(PW-1, VO #, L/D #)

ADDRESS _____ BORO_____ ZIP CODE_____

BUSINESS NAME _____ PREMISES TELEPHONE_____

NEAREST INTERSECTION _____ MEETING LOCATION _____

JOB DESCRIPTION _____FLOOR (s) _____

INSPECTION REQUEST MADE BY _____F.D. EXPEDITOR LIC. No. _____

OFFICE PHONE _____ FAX _____ CELL _____ E-MAIL _____

COMPANY NAME AND ADDRESS _____

BUILDING OWNER OR MANAGING AGENT INFO:

NAME: (PRINT) _____ OFFICE PHONE_____E-MAIL _____

ADDRESS _____

SUBMIT THE FOLLOWING CONSTRUCTION DOCUMENTATION:

- ☐ Electrician's Sign-off (Form A-433, signed and sealed) – original, one (1).
- ☐ Plan Examination (Form TM-1) – original, one (1).
- ☐ F.D. approved original plans (24"x 36") and "AS BUILT" riser diagram (11"x17") – one (1) set.
- ☐ The Department of Buildings Plan/Work Application (Form PW-1) – original, one (1).
- ☐ Request for Inspection Date (Form B-45) – three (3) copies.
- ☐ File: documents should be neatly arranged (letter size format) and secured by a standard 2–hole fastener.

NO INSPECTION DATE WILL BE ASSIGNED IF THE ABOVE IS NOT PROVIDED.

- **To arrange an appointment with the Scheduling Supervisor (request for inspection or re-inspection, inquiry, etc.) in person, please contact the booking clerk at 718-999-1505 at least 48 hours prior the intended date.**
- **The building occupants shall be notified prior to the test date.**
- **Sufficient manpower and equipment shall be made available to conduct test.**
- **For more details, visit the FDNY Bureau of Fire Prevention website.**

OFFICE USE ONLY

INSPECTOR: _____

DATE: _____ AT: _____ REF. DOCUMENT No: _____

SPECIAL NOTES: _____

SCHEDULING SUPERVISOR _____ DATE _____