



**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

**APPLICATION A-433 B**  
(ALL INFORMATION MUST BE TYPED)

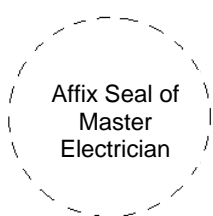
FD Use ONLY	
PW-1 No:	_____
F.D. Folder No:	_____
F.D Plan No:	_____
F.P Index No:	_____
FPIMS No:	_____

**General Instructions**

1. All questions must be answered. Reverse side must be itemized.
2. Use a SEPARATE application for each system installed.
3. Provide one (1) set of provisional floor plans, TM-1 form and TB-60 form (where applicable).
4. For buildings over the allotted floors, use a second A433 B form.
5. This form is to be printed duplex on a single sheet legal size paper (8 1/2" X 14").
6. Provide an As Built Riser Diagram at the time of submission.

**NOTE: SYSTEM(S) SHALL BE TESTED AND MADE FREE OF ALL DEFECTS PRIOR TO REQUEST FOR AN INSPECTION**

In accordance with the Administrative 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:

<b>1. Premises Information (Required for all applications):</b>					
Building No: _____		Street Name: _____		PW-1 No: _____	
Borough: _____		State: _____	ZIP: _____	Occupied by: _____	
Work on floor(s): _____					
<b>2. Owner Information (Required for all applications):</b>					
Last Name: _____		First Name: _____		Business Tel: _____	
Business Name: _____				Business Fax: _____	
Business Address: _____		City: _____		State: _____	Zip: _____
Building Manager: _____		E-Mail: _____		Mobile Tel: _____	
<b>3. Nature of Work (Please check all boxes which apply):</b> <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Violation <input type="checkbox"/> Other					
Type of systems filed for:					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
List Other Systems Here: _____					
<b>4. Electrical Contractor Information (Required for all applications):</b>					
Last Name: _____		First Name: _____			
Business Name: _____					
Business Address: _____		City: _____			
Business Tel: _____		State: _____	Zip: _____		
Signature of Licensee: _____		E-Mail: _____		Date of Expiration: _____	
<b>5. Fire Alarm Vendor Information (Required for all applications):</b>					
Last Name: _____		First Name: _____		COF S97 #: _____	
Business Name: _____		Business Tel: _____		Date of Expiration: _____	
Business Address: _____		City: _____		State: _____	Zip: _____
<b>6. Central Station Information (Required for all applications):</b>					
Business Name: _____				Station Code: _____	
Business Address: _____		City: _____		State: _____	Zip: _____
Business Tel: _____		<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade <input type="checkbox"/> Altered <input type="checkbox"/> Reinstated			

