

Form TM-4



**Technology Management Fire Alarm Variance Form**

**SUBMIT THIS FORM AND FEE (\$200.00) TO:**  
New York City Fire Department - Bureau of Fire Prevention  
9 METROTECH CENTER – BROOKLYN, NY 11201  
Room 3W-3 (718) 999-2377



Premise Address: \_\_\_\_\_ Borough: \_\_\_\_\_ DOB BIN No.: \_\_\_\_\_

Height: \_\_\_\_\_ Stories on and above grade: \_\_\_\_\_ Stories below grade: \_\_\_\_\_ Construction Class: \_\_\_\_\_

Dominant Occupancy: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_

(Submit DOB Schedule 'A' and Certificate of Occupancy)

**Fire Protection Systems in Premises:** \_\_\_\_\_

**Proposed Fire Alarm Variance Description and Location (floors):** \_\_\_\_\_

**Premise Owner Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Applicant Information:** Name: \_\_\_\_\_ Relationship to Premises: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Submit a letter in narrative form describing the circumstances and premise description requiring the submission of this form and attach any additional documentation/plans to describe the fire alarm variance requested. Indicate whether specific NYC fire alarm regulations, rules, codes, bulletins, or policies are to be effected in the fire alarm system concept, design, installation, method, materials, and/or plan review and field inspection modalities or submissions.**

**For FDNY USE ONLY: Variance Review Fee Paid: \$ 200.00:  YES  NO**

**Date: \_\_\_\_\_ FP Index No: \_\_\_\_\_ FPIMS # \_\_\_\_\_**