



FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

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

TM-1 APPLICATION FOR TECH MGMT PLAN EXAMINATION/DOCUMENT REVIEW

General Instructions

All design and installation documents as per Fire Code shall be submitted to FDNY for examination. The submission must include a duly completed TM-1 form. Fee for Plan Examination: use Supplement # 1 to calculate total fee and write it down in the box below. Submit the completed application and payment electronically through FDNY Business. All revisions must be accompanied by a detailed cover/transmittal letter explaining the revised sections.

Initial Filing Date: Resubmission Date: Total Fee: \$ (as calculated in Supplement # 1) (FDNY USE ONLY) F P Index No. FPIMS No. 2023-TMFALM-000954-PLAN Plan Examiner Initials

1 [X] NEW SUBMISSION [] RESUBMISSION (provide previously assigned FDNY Reference number and copy of latest deficient/objection letter) FDNY Reference No(s):

2 Design and Installation Document Type (Check Document Type Submitted) [X] Fire Alarm/Fire Suppression/ARCS (Electrical) Fire Suppression (Mechanical) Plan examination as per FC105.4 New Technology/Technical Analysis (incl.FC102.8 & 104.9) ARCS Commissioning Test Report EXAMINED FOR COMPLIANCE WITH BUILDING CODE SECTIONS BC 907 & BC 908 AND FIRE CODE SECTIONS FC 907 & FC 908 ONLY. APPLICANT IS RESPONSIBLE FOR COMPLIANCE WITH BUILDING CODE APPENDIX Q 107 AND ROUTING OF WIRES IN ACCORDANCE WITH NYC ELECTRICAL CODE

3 DOB/SBS Filing Status (if applicable, see detailed instructions): DOB Job Application No: [] SBS Job Application No: [] Copy of PW-1, Schedule A and/or Certificate of Occupancy attached [X]

4 Premises Information (Required for all applications): BIN: 5002229 Block: 101 Building No: 669 Street Name: CASTLETON AVENUE Lot: 2 Borough: STATEN ISLAN NY ZIP: 10301 Work on floor(s): CELLA, 1ST, 2ND, ROOF Occupied by: RICHMOND UNIVERSITY MEDIC Occupancy classification of the area of work: I-D Business Name: RICHMOND UNIVERSITY MEDICA Building Dominant Occupancy Group: G,E

5 Applicant Information (Required for all applications. All fields must be completed): Last Name: LIZARDOS License Number: 075404 First Name: JOHN Business Tel: (516) 484-1020 Business Name: LIZARDOS ENGINEERING Business Fax: Business Address: 200 OLD COUNTY ROAD City: MINEOLA State: NY Zip: 11501 Choose one: [X] P. E. [] R. A. [] Building Owner [] Building Manager E-Mail: JOHN.LIZARDOS@LEAPC.COM

6 Filing Representative (Required if different from applicant specified in Section 5): Last Name: PEREZ/CARRION/OLIVO Reg. No: 001988 First Name: ROSANNA/SONNI/IVAN Business Tel: (718) 631-0006 Business Name: JMV ASSOCIATES, LLC Business Fax: Business Address: 38-39 BELL BLVD SUITE 350 City: BAYSIDE State: NY Zip: 11361 E-Mail: ROSNNA@PEREZ@JMVASSOCIATESLLC.COM/ SONNICARRION@JMVASSOCIATESLLC.COM

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7	Building Characteristics and Fire Protection Features:		
Building Height (ft.): <u>33</u>	Building Stories: <u>2</u>	Construction Classification: <u>I-D</u>	Occupied floor located more than 75 ft above the lowest level of FD vehicle access: <input checked="" type="checkbox"/>
Fully Sprinklered <input checked="" type="checkbox"/>	Partially Sprinklered <input type="checkbox"/> <i>Identify floor(s) protected</i> _____	Non-Sprinklered <input type="checkbox"/>	
8	Classification of Work (Required for Fire Alarm and ARCS Applications only):		
New <input checked="" type="checkbox"/>	Additions/Modifications <input type="checkbox"/>	Post Approval Amendment (PAA) <input type="checkbox"/>	
9	Building Code Applicable To Project (As Required By Construction Codes/DOB Determination) (Required for Fire Alarm and ARCS Applications only):		
<input type="checkbox"/> 1968	<input type="checkbox"/> 2008	<input checked="" type="checkbox"/> 2014	
10	Job Description (Required for all applications. Attach a separate narrative page with detailed proposed job description.)		
MANUAL AND AUTOMATIC SMOKE/CO DETECTOR AND SPRINKLER FAS.			
<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">EXAMINED FOR COMPLIANCE WITH BUILDING CODE SECTIONS BC 907 & BC 908 AND FIRE CODE SECTIONS FC 907 & FC 908 ONLY. APPLICANT IS RESPONSIBLE FOR COMPLIANCE WITH BUILDING CODE APPENDIX Q 107 AND ROUTING OF WIRES IN ACCORDANCE WITH NYC ELECTRICAL CODE</div>			
11	Filed to Comply with Following Sections of Code, and/or Rules (Required for all applications):		
2014 NYC BYILDING CODE			
12	Asbestos Abatement Compliance Choose one . (if applicable, see detailed instructions):		
<input checked="" type="checkbox"/> The scope of work is not an asbestos abatement as defined in the rules of the NYC DEP. DEP Control # is required. DEP ACP-5 Control No. <u>5112954</u> . (DEP ACP-5 Required).			
<input type="checkbox"/> The scope of work exempt from the asbestos requirement as defined in the rules promulgated by the NYC DEP (15 RCNY 1-23 (b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with Admin Code 28-106.1. (Certificate of Occupancy Required).			
13	Landmark Building (Required for all applications):		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, provide documentation as per instructions).			
14	Flood Hazard Area (Required for Fire Alarm and ARCS Applications only):		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, provide documentation as per instructions).			

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15 Applicant's Statement and Signature (Required for all applications):

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code.

I hereby acknowledge that the application fee submitted is non-refundable.

JOHN LIZARDOS

(Print Name)

John Lizardos
(Signature)

11/11/22
(Date)

16 Property Owner Information (Required for all applications. All fields must be completed):

Last Name: EARL	First Name: JOSEPH	Business Tel: (718) 818-1905
Business Name: RUMC	Business Fax: (718) 447-0913	
Business Address: 355 BARD AVENUE	City: STATEN ISLAND	State: NY Zip: 10310
E-Mail: JEARL@RUMCSI.ORG	Mobile Tel: _____	

17 Property Owner's Statement and Signature (if applicable, see detailed instructions):

I have affixed my signature below hereto and certify that I am responsible for the entries made in this application filed on the date captured below, and that I have personally reviewed all of the information contained in the application and am attesting it is true and complete to the best of my knowledge.

JOSEPH H EARL
(Print Name)

Joseph H Earl
(Signature)

11/5/22
(Date)

Note: In addition to filing this application the applicant is responsible for filing all other necessary applications required by other city, state, and federal laws, rules and regulations.

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Fee Paid <input type="checkbox"/>	Amount: _____	Cashier Endorsement: _____
Check No: _____	_____	

Plan assigned to: _____

Approved: <input checked="" type="checkbox"/>	Objection(s): _____	Date: _____	Disapproved/Denied: _____
	Resubmission required: <input type="checkbox"/>		

Comment(s)/Stipulation(s):

FDNY FIRE ALARM PLAN ACCEPTED
 Subject to audibility & visibility throughout the premises
FINAL APPROVAL SUBJECT TO INSPECTION
 FDNY REFERENCE #: 2023-TMFALM-000954-PLAN
ACCEPTED WITH CONDITION(S): NO
 If yes, specify: _____
DATE: 10/06/2023 EXAMINER: Naznin Fancy

Examiner: fancy
(Signature)

Naznin Fancy
(Print Name)