



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

(ALL INFORMATION MUST BE TYPED)

NOTE: SYSTEMS(S) SHALL BE TESTED AND MADE FREE OF ALL DEFECTS PRIOR TO REQUESTED FOR INSPECTION

Application No. _____
F.D. Folder No. _____
F.D. Plan No. _____

In accordance with the Administration 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:

Premises _____ Borough of _____ Zip _____

Owned by _____ Owner's Address _____ Boro _____ Zip _____

Occupied by _____ Used as _____

- NOTICE:** 1. All questions must be answered. Reverse side must be itemized. May modify device column if necessary. Use a SEPARATE application for each system installed.
2. One (1) set of electrical floor plans with the component parts located thereon and performance specifications are required. Plans NOT REQUIRED if Fire Department approved plans are on file.
3. Please Note: For buildings over the allotted floors, use a second A433 form.
4. Contractor to provide required information on back of form.

PLEASE CHECK ALL BOXES WHICH APPLY. Character of Work: New Alteration Repair Other _____

Type of systems filed for:

Building Department Application No. _____	List Other Systems here: _____
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Authorized Central Office Company _____ Affix Department of Buildings

Location of Panels/Control Boards _____ Electrical Contractor Seal here

Name of Electrical Co. _____ Telephone No. _____

Address _____ Date of Application _____

_____ Zip Code _____ License No. _____

Signature of Licensee _____ Date of Expiration _____

APPLICANT--DO NOT WRITE BELOW THIS LINE

RECOMMENDATION: Installed as per Plan No. _____ System _____

Date _____ Inspector's Signature _____

Print Name _____

INSPECTIONS

System	Date	Report Recommend	Inspector	System	Date	Report Recommend	Inspector

Remarks: _____

V.O. Number _____	Date Issued _____	Recommend Dismissal <input type="checkbox"/>
		Examiner

