



**Fire Department * City of New York
Bureau of Fire Prevention
9 METROTECH CENTER
BROOKLYN, NY 11201-3857**

APPLICATION FOR RANGEHOOD PLAN REVIEW

This form shall be submitted with applications for Fire Department review and approval of all design and installation documents for commercial cooking fire extinguishing systems. Submissions of revised or corrected plans in response to Fire Department objections or request for additional detail information, and submissions of "as built" design and installation documents for Fire Department recordkeeping purposes (after Fire Department approval of the original documents), are not subject to additional plan examination fees.

Date: _____

<i>(F.D. use only)</i>	
FPIMS No.	_____
F.D. Plan No.	_____

NOTE: *Print or type in black or blue ink.
All information must be filled out.
If completed in Acrobat on a PC, it must be saved and printed.*

1	Premise Information	<i>Required for all applications</i>		
Building No.:		Street Name:		
Borough:		NY	Zip:	Floor(s)
Additional Addresses:				
2	License Holder's Information	<i>Required for all applications</i>		
Last Name:		First Name:		Middle Initial:
Business Name:		License No:		Phone:
Business Address:		County:		Zip:
License Holders Signature:				
3	Filing Representative:	<i>Check One:</i> <input type="checkbox"/> R.A. <input type="checkbox"/> P.E. <input type="checkbox"/> Expeditor <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Mailed In		
Last name:		First Name:		Middle Initial:
Business Name:		Phone:		Registration No.:
Business Address:		County:		Zip:
4	Filing Status	<i>Required for all applications</i>		
Please Check the appropriate Box		<input type="checkbox"/> New Filing <input type="checkbox"/> Revised Plans F.D. Plan No. _____ <input type="checkbox"/> Amended Plans F.D. Plan No. _____		
Date Tested:		Violation Order No.(s)		Inspector's Name:

For F.D. Use Only

5	Cashier Endorsement:	Fee(s)		
Fee of \$210.00 Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Method Of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order		
Received By:		Date:		
Comments:				