



FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

Affix BIS job number label here

9 METROTECH CENTER – BROOKLYN, NY 11201-3857

TEMPORARY WORK PERMIT

1	LOCATION INFORMATION:		
Building No: _____		Street Name: _____	
BIN #: _____		BIN #: _____	
Borough: _____	NY	ZIP: _____	Work on affected floors floor(s): _____
Occupied by: _____		Occupancy classification of the area of work: _____	
2	OWNER INFORMATION:		
Last Name: _____		First Name: _____	
Business Telephone: _____		Business Telephone: _____	
Business Name: _____		Business Fax: _____	
Business Address: _____		City: _____	
State: _____		Zip: _____	
E-Mail: _____		Mobile Telephone: _____	
3	LICENSED CONTRACTOR:		
Last Name: _____		First Name: _____	
License No: _____		License No: _____	
Business Name: _____		Business Telephone: _____	
Business Address: _____		City: _____	
State: _____		Zip: _____	
E-Mail: _____		Business Fax: _____	
4	OWNER AND CONTRACTOR'S ACKNOWLEDGEMENT OF LIABILITY:		
I HEREBY CERTIFY AND ACKNOWLEDGE THE FOLLOWING:			
<ol style="list-style-type: none"> 1. A complete set of fire alarm design and installation documents will be submitted to the Fire Department for plan review within ninety (90) calendar days. 2. Construction under this temporary permit will proceed at the risk of the owner & contractor without assurance that the fire alarm design and installation documents will be approved. If the permanent permit is not approved, all deficient items will be corrected and resubmitted within 90 days. 3. This permit is issued on a temporary basis and valid for ninety (90) calendar days. 4. Work to be performed under this permit is limited to Alteration Type 2 "Fire Alarm". 5. A permanent permit will be issued only after the plan review is completed and all required fees are paid. 6. A written request for the acceptance inspection/test (Form B-45M) will be submitted within ninety (90) calendar days. 			
NOTE: Violation of any of the above conditions will result in cancellation of this permit.			
OWNER:	Name: _____		Signature: _____
			Date: _____
Notarization State of New York, County of:		Notary Seal	
Sworn to or affirmed under penalty of perjury _____ day of 20____		Notary Seal	
Notary Public Signature: _____		Notary Seal	
CONTRACTOR:	Name: _____		Signature: _____
			Date: _____
5	APPROVALS:		(FDNY USE ONLY)
APPROVAL IS HEREBY:			
<input type="checkbox"/> GRANTED		COMMENCING DATE: _____ <small>(mm/dd/yy)</small>	
<input type="checkbox"/> DENIED REASON: _____			
STIPULATIONS: _____ _____			
Chief of Fire Prevention: _____ <small>(signature)</small>		Thomas Jensen _____ <small>(mm/dd/yy)</small>	