



**FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION**

FIRE ALARM INSPECTION UNIT
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892



REQUEST FOR RECONSIDERATION OF ELECTRICAL DEFECT

Submission:

- Reconsideration request(s) must be electronically forwarded to: FAIU@dny.nyc.gov
- Submit a separate request in PDF format for each defect you would like to be reconsidered. Must be typewritten.

1 INFORMATION REQUIRED
(Applicant Info)

NAME: _____ COMPANY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 E-MAIL: _____ BUSINESS TELEPHONE: _____ MOBILE TELEPHONE: _____
 LICENSE No. (R.A., P.E., CONTRACTOR, EXPEDITOR – IF APPL.): _____ SIGNATURE: _____

2 DEFECT
(Must be typewritten, attach a copy of Letter of Defect)

HOUSE NO: _____ STREET NAME: _____ BOROUGH: _____
 INSPECTION DATE: _____ PW-1 No.: _____ CONTROL No.: _____ DEFECT ITEM No.: _____
 TEXT OF DEFECT: _____

3 STATEMENT OF RECONSIDERATION WITH JUSTIFICATION
(State the basis of disagreement with defect supported by respective regulation, code section, etc.)

Supporting Documents attached? YES NO Specify: _____

4 OFFICE USE ONLY

Date Submitted: _____ Date Processed: _____

THE ABOVE REQUEST FOR RECONSIDERATION IS: APPROVED DENIED

Filing for reconsideration does not constitute an extension of the compliance time. If reconsideration is not granted, the defect must be corrected in order to obtain the Letter of Approval.

COMMENT: _____

CHIEF OF TECHNOLOGY MANAGEMENT _____
 (SIGNATURE) (DATE)