

1 Building information

**2. Legal owner of record**Name of entity or individual:

Lot:

**Building** 

height (ft):

Borough:

# stories:

Block:

## Photoluminescent Reconsideration Application

For official use only - LLEU		
Control #:		
DOB acceptance: Y N		
By:		
Date		

INSTRUCTIONS: Use this form to request a reconsideration (variance of technical requirements) of compliance with the photoluminescent exit path marking requirements of **LL 26 of 2004**, **27-383(b)**, and **RS 6-1**. This form must be signed by an architect, engineer, the legal owner of record, or the owner's managing agent. In addition to the required signature, a contractor or installer may also sign in cases where such contactor or installer will be the person attending the reconsideration appointment.

- 1) Mail or fax an appointment request form (obtain Form ADM-62 from our website <a href="www.NYC.gov/buildings">www.NYC.gov/buildings</a>) to request an appointment to meet with the Technical Affairs Division. You are encouraged to include in your fax or letter a copy of this form, as well as your justifications (from item 5), because this will help expedite the processing of your request.
- 2) You will be contacted for a scheduled appointment. All appointments will be held at 280 Broadway, 7<sup>th</sup> fl., Manhattan.
- 3) You must bring this completed form and all supporting documents to your appointment.
- 4) If your reconsideration is approved, you must attach the original, and one copy, of this approved Form LL 26/04-2 (including all supporting documents) to your affidavit or report (Form LL 26/04-1). For details on how and where to file the affidavit or report, please refer to the instruction on Form LL 26/04-1

Building Identification Number ("BIN")

(obtainable at www.NYC.gov/buildings, click on BIS):

Address:

Address					
City, State, Zip					
•					
3. Good faith Prior Installations					
		" as per RS 6-1 § 2.4. You mu		nat the	
installations for which you are seeking reconsideration were in fact installed prior to January 1, 2005, as well as					
manufacturer's documents establishing the equivalent brightness ratings of materials. Also fill out items 4 and 5, below.					
4. Reconsideration Categor	ies				
		For official use only:	Approv	ed/Denied	
you are seeking reconsiderati		Tor omolar add only.	7.00101	oa/Bornoa	
☐ § 2.1 Signs at doors leadi	ng to exits, etc.				
☐ § 2.2.1 Markings on steps	3				
☐ § 2.2.2 Markings on leadi	ng edge of landings				
☐ § 2.2.3 Markings on hand	rails				
☐ § 2.2.4 Floor perimeter de	emarcations				
☐ § 2.2.5 Marking of obstac	les				
☐ § 2.2.6 & 2.2.7 Directiona	l signage				
☐ § 2.2.9.1 Intermediate and	d final exit door signs				
☐ § 2.2.9.2 Intermediate and	d final door hardware				
☐ § 2.2.9.3 Intermediate and	d final door frames				
☐ § 2.5 Additional signs and	l markings				
Other:					

2) how the 3) the reas	proposed installation, proposed installation would vary from the specific requirements or ons why the Commissioner should approve your proposal. In you to plans, drawings, sketches, details, photographs, or any other uest.	r descriptions you should make		
6. Contractor, installer, or filing representative (required only if the person attending the reconsideration appointment is other than the person in Item 7)				
Name of individu	al: Last First	MI		
Company:				
Title				
Address				
City, State, Zip				
Phone	Email (optional):			
Signature				
7. Request for r	econsideration			
Administrative C I hereby request	tion of any statement is a misdemeanor under New York City ode § 26-124 and punishable by a fine, imprisonment or both. a reconsideration of the strict application of the requirements and ard RS 6-1 for the reasons stated in this application.	Relationship to owner: (check one)  Architect, NYS Lic. #  Engineer, NYS Lic. #  Management company or other entity responsible for the operation of the		
I state that all the	e information contained herein, including all attachments, is	building  Legal owner of record		
If Item 6 is comp	curate to the best of my knowledge.  leted, I authorize the person identified in Item 6 to represent ideration appointment.	ignature: Date:		
		seal (only if R.A. or P.E.)		
Name of	Last:			
individual:	First: MI:			
Company:				
Title				
Address				
City, State, Zip				
Telephone Email (optional):				
Emaii (optionai).				
8. For official u	se only: Approval/Denial			
Approved	Denied Comments, if any:	Date		
		Signature		
		Name/Title		

For <u>each</u> reconsideration category checked in Item 4, attach a narrative that describes

5. Justification