FIRE & EMERGENCY SERVICES

(MUNICIPAL CORPORATION, CHANDIGARH)

APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR RESIDENTIAL BUILDINGS (LODGING AND ROOMING HOUSES) LESS THAN 15 METER IN HEIGHT (UP TO 15 ROOMS).

Application Date-___/__/20__

| | | | | ., |
|--------------------------|---|--------|---------------|-------------------------|
| | DETAIL OF BUILD | ING/PR | EMISES | 6 |
| 01. | Name of Building Premises (Location and | | | |
| | Address) | | | |
| 02. | Name, Address and Contact No. of | | | |
| | Building Owner | | | |
| 03. | Name, Address and Contact No. of | | | |
| | Applicant | | | |
| 04. | No. of inhabitants/occupants | | | |
| 05. | Plot Area (in Sq. Meters) | | | |
| 06. | Total covered area (in Sq. Meters) | | | |
| 07. | Over all Height (From Ground Level to Parapet) in Meters | | | |
| 08. | Height upto terrace of last livable floor (in | | | |
| 00. | Meters). | | | |
| 09. | Height of each floor (in Meters) | | | |
| 10. | Number of sanctioned floors | | | |
| 11. | Number of actual floors | | | |
| 12. | Number of staircase with size | | | |
| 13. | Please indicate floors to whom NOC is | | | |
| | required | | | |
| 14. | Motorable space provided all around the | | | |
| | building | | | |
| 15. | Number of Basements and its area | | | |
| 16. | Detail of Means of escape | | | |
| 17. | Detail of Parking area | | | |
| 18. | Details of surrounding properties:- | | | |
| | a) Front side | | | |
| | b) Rear side c) Right side | | | |
| | d) Left side | | | |
| 19. | Number of entry and exit gates with size | | | |
| 20. | Location of Gen-set with size | | | |
| | DATORY FIRE SAFETY MEASURES AS F | PER NA | TIONAL | BUILDING CODE OF INDIA- |
| | 201 | | | |
| | | | | |
| | A) FIRE FIGHTING EQUIPMENTS | YES | NO | Remarks of Inspection |
| 04 | Fire Extinguishers ISI Mark | | | Authority Ok or not |
| 01. 02. | Fire Extinguishers ISI Mark | | | |
| UZ. | Automatic Sprinkler System required to be installed in Basement, if area of | | | |
| | Basement exceeds 200 m ² | | | |
| 03. | Terrace Tank over respective tower | | | |
| 00. | terrace capacity 5000 Liter exclusively for | | | |
| | Fire-fighting purpose (if area of basement | | | |
| | exceeds 200m ²) | | | |
| 04. | Two-Way Fire Brigade Connection with | | | |
| | NRV in Box | | | |
| B) EVACUATION PROVISIONS | | YES | NO | Remarks of Inspection |
| | , | _ | | Authority Ok or not |
| 01. | Prohibition of all locking devices which | | | |
| | are not disengage easily by quick | | | |
| | releasing catches. | I | | |

| Lock/Fastener from the outside in case of emergency without use of special key. O3. Prohibition of sole means of egress pass | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| 03 Prohibition of sole means of egress pass | | | | | |
| 1 Totalistical of Gold Modello of Oglobo Pado | | | | | |
| through any non-residential occupancy in | | | | | |
| the same building. | | | | | |
| 04. Provision of Two separate means of EXIT | | | | | |
| for Lodging Rooming Houses having floor | | | | | |
| area 500 m ² on any one or more floor. | | | | | |
| One of which have direct exit discharge | | | | | |
| 05. Provision of Illuminated type EXIT | | | | | |
| Signboards at all escape routes | | | | | |
| DOCUMENTS TO BE ATTACHED | | | | | |
| 1. Approved Fire Safety Layout Plan YES NO | | | | | |
| **The inspecting officer may also suggest further requirements as deemed necessary in Public | | | | | |
| Interest at the time of inspection. | | | | | |

(SIGNATURE OF THE APPLICANT)

| Recommendations of the Inspection Officer | | | | |
|---|---|--|--|--|
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| No. 10 Proceedings of | Consider the second of the Constant of the Land of the Constant of | | | |
| • | ficer should mention the deficiencies found during the inspection and a | | | |
| copy of the report to be is | sued to the owner/occupier. | | | |
| | Signature | | | |
| | Name of inspecting | | | |
| | officer | | | |
| | Designation | | | |
| | Date of | | | |
| | Inspection | | | |
| | Contact No | | | |
| | | | | |
| RECEIPT | | | | |
| Name of the Recipient | | | | |
| Signature Contact No | | | | |
| Date of receipt_ | | | | |
| - | | | | |