

FIRE & EMERGENCY SERVICES

(MUNICIPAL CORPORATION, CHANDIGARH)

APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR RESIDENTIAL BUILDINGS (HOTELS) LESS THAN 15 METER IN HEIGHT AND FLOOR AREA NOT EXCEEDING 300 m² ON ANY OF THE FLOOR.

Application Date- ___ / ___ /20__

DETAIL OF BUILDING/PREMISES

| | | |
|-----|---|--|
| 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 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 Basement 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 | |

MANDATORY FIRE SAFETY MEASURES AS PER NATIONAL BUILDING CODE OF INDIA-2016

| A) FIRE FIGHTING EQUIPMENTS | | YES | NO | Remarks of Inspection Authority Ok or not |
|------------------------------------|---|------------|-----------|--|
| 01. | Fire Extinguishers ISI Mark | | | |
| 02. | First Aid Hose Reel | | | |
| 03. | Automatic Sprinkler System required to be installed in Basement (if area of Basement exceeds 200 m ²) especially extended throw, quick response type sprinklers for guest rooms and suites. | | | |
| 04. | Terrace Tank over respective tower terrace capacity 5000 Liter exclusively for Fire-fighting purpose alongwith Pump capacity 450 LPM at the terrace tank level with minimum pressure of 3.5 Kg/cm ² | | | |
| 05. | An additional Terrace Tank over respective tower terrace capacity 5000 Liter exclusively for Fire-fighting purpose alongwith Pump capacity 450 LPM at the terrace tank level with minimum pressure of 3.5 Kg/cm ² (if basement area exceed 200m ²) | | | |

| | | | | |
|--|---|------------|-----------|--|
| 06. | Two-Way Fire Brigade Connection with NRV in Box | | | |
| B) DETECTION AND ALARM SYSTEM | | YES | NO | Remarks of Inspection Authority Ok or not |
| 01. | Manually Operated Electronic Fire Alarm System | | | |
| 02. | Provision of Audio Based Detectors, having a sound level of at least 75 dB for guest rooms and suites | | | |
| C) EVACUATION PROVISIONS | | YES | NO | Remarks of Inspection Authority Ok or not |
| 01. | Provision of Panic Bar at Fire Exit | | | |
| 02. | Prohibition of Horizontal sliding doors for door opening across corridors. | | | |
| 03. | Provision of Illuminated type EXIT Signboards at all escape routes | | | |
| D) FIRE PREVENTION MEASURES | | | | Remarks of Inspection Authority Ok or not |
| 01. | Provision of tightly stoppered/ sealed containers for flammable liquids. | | | |
| 02. | Prohibition of location of Stove/heater near or Underneath Staircase or other escape route. | | | |
| 03. | Proper provision of Smoke Exhaust Ducting (made with non-combustible material) with adequate protection. | | | |
| 04. | Provision of minimum 120 minutes Fire Resistance Rated Wall along with Fire Doors to be kept closed and shall be posted with a sign on each side of the door stating-----FIREDOOR-----KEEP CLOSED for stores, Engineering Workshops, Area of High Hazard etc. | | | |
| DOCUMENTS TO BE ATTACHED | | | | |
| 01. | 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 | |
| Note: - the inspection officer should mention the deficiencies found during the inspection and copy of the report to be issued 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 ___ / ___ / ___ E-Mail ID _____ | |