

FIRE & EMERGENCY SERVICES
(MUNICIPAL CORPORATION, CHANDIGARH)

APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR INSTITUTIONAL BUILDINGS (HOSPITAL SANATORIA AND NURSING HOMES) LESS THAN 15 METER IN HEIGHT WITH PLOT AREA UP TO 1000 m² [UP TO GROUND + ONE STOREY, WITH NO BEDS].

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.	Automatic Sprinkler System required to be installed in Basement (if area of Basement exceeds 200 m ²)			
03.	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)			
04.	Two-Way Fire Brigade Connection with NRV in Box			
B) DETECTION AND ALARAM SYSTEM		YES	NO	Remarks of inspection Authority Ok or not
01.	Manually Operated Electronic Fire Alarm System			
C) EVACUATION PROVISIONS		YES	NO	Remarks of Inspection Authority Ok or not
01.	Provision of common path of travel shall be 30 meter and maximum dead end of corridor distance shall not exceed 06 meter			

02.	Provision of Self Closing Type Fire/Smoke Check Door with Electromagnetic Hold open & Coordinator having minimum 02 hour Fire Resistance Rating for all compartments			
03.	Provision of Double Swing Double Leaf type Doors of 2.0 meter width with coordinator in corridors			
04.	Provision of minimum 2.4 meter wide Aisles, Corridor, ramps etc. for movement of patients and 1.5 meter for other areas which not intended for use of patients			
05.	The width of every Exit shall not be less than 2.0 meter			
06.	Floor surface of corridor shall not be inclined at a gradient steeper than 1 in 12 to the horizontal			
07.	Laboratory Room shall not exceed 100m ² and if additional space required, the same shall be Fire Separated of 120 minute			
08.	Provision of Fire Compartment Wall at the compartment intersection having Fire Door with minimum 120 minute Fire Resistance Rating			
09.	Provision of Illuminated type EXIT Signboards at all escape routes			
D) FIRE PREVENTION MEASURES		YES	NO	Remarks of Inspection Authority Ok or not
01.	All Floors shall be suitably compartmented/Zone with area of each compartment being not more than 750 m ² for non-sprinkled building/basement and 1800 m ² for sprinkled building/basement			
02.	Prohibition on storage of Flammable Liquid in Laboratories or in other area not more than 03 Liter for every 10 m ²			
03.	Proper provision for Disposal of Hazardous Material			
04.	Staircase not arranged round a Lift Shaft			
05.	Sealing of Various Shafts/Ducts at each floor Level with Fire Resistant Material			
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 _____	