

# **FIRE & EMERGENCY SERVICES**

(MUNICIPAL CORPORATION, CHANDIGARH)

## **APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR HAZARDOUS BUILDINGS UP TO 15 METER IN HEIGHT [SINGLE STOREY BUILDING]**

Application Date- \_\_\_ / \_\_\_ /20\_\_

<b>DETAIL OF BUILDING/PREMISES</b>				
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			
<b>MANDATORY FIRE SAFETY MEASURES AS PER NATIONAL BUILDING CODE OF INDIA-2016</b>				
<b>A) FIRE FIGHTING EQUIPMENTS</b>		<b>YES</b>	<b>NO</b>	<b>Remarks of Inspection Authority Ok or not</b>
01.	Fire Extinguishers ISI Mark			
02.	First Aid Hose Reel			
03.	Wet Riser System with Accessories in Box			
04.	Yard Hydrants with Accessories in Box			
05.	Automatic Sprinkler System			
06.	Minimum 240 minute Fire-fighting requirements			
07.	Provision of Pump (capacity based on covered area of building)			
08.	Four-Way Fire Brigade Connection with NRV in Box			
<b>B) DETECTION AND ALARM SYSTEM</b>		<b>YES</b>	<b>NO</b>	<b>Remarks of Inspection Authority Ok or not</b>
01.	Manually Operated Electronic Fire Alarm System			
02.	Automatic Detection and Alarm System			
<b>C) EVACUATION PROVISIONS</b>		<b>YES</b>	<b>NO</b>	<b>Remarks of Inspection Authority Ok or not</b>
01.	Provision of at least 02 EXIT accessible in different directions			
02.	Provision of Slide Escape for EXIT purpose			
03.	Provision of Illuminated Type EXIT Signboards at all escape routes			
04.	Alternative Source of Electricity Supply			
<b>D) FIRE PREVENTION MEASURES</b>		<b>YES</b>	<b>NO</b>	<b>Remarks of Inspection Authority Ok or not</b>
01.	Provision of Vapour/Flame/Ember/Spark Detector and Explosion Suppression System depending upon the Fire Hazard involved			
02.	Provision of conspicuously marked outside Gas Shut-off Valve for area where Gas is employed for any purpose			
03.	Provision of separation wall between Boiler Room/heating plant and rest of the building			

04.	Prohibition on Flame Generating Devices in the area of storage of volatile flammable substances			
05.	Strict adherence of appropriate legislation for Handling, Storage and Sale of Gasoline, Fuel Oil and Flammable Liquids etc.			
06.	Provision of Fixed, Automatic or Self-closing type wall vents			
07.	Provision of a Power Driven Fan Exhaust System of Ventilation to produce a complete change of air in each room every 03 minute			
08.	Provision of adequate steam Line or any other suitable extinguishing agent directly connected to Machines in Dry-cleaning establishment so arranged to have automatic release of agent in machine in case of an explosion			
09.	Provision of adequate dust collecting and exhaust system for equipments and machinery which generates/emits combustibile or explosive dust/fiber			

**DOCUMENTS TO BE ATTACHED**

01.	Approved Fire Safety Layout Plan	YES	NO	
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\*\*The inspecting officer may also suggest further requirements as deemed necessary in Public Interest at the time of inspection.

(SIGNATURE OF THE APPLICANT)

<b>Recommendations of the Inspection Officer</b>	
<b>Note:</b> - 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. _____
<b>RECEIPT</b>	
Name of the Recipient _____	
Signature _____	Contact No. _____
Date of receipt ___ / ___ / ___	E-Mail ID _____