FIRE & EMERGENCY SERVICES (MUNICIPAL CORPORATION, CHANDIGARH)

APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR HAZARDOUS BUILDINGS MORE THAN ONE FLOOR BUILDING BUT NOT EXCEEDING 15 METER

Application Date-___/__/20__

	DETAIL OF BUILI	DING/PREMIS	ES	
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			
N	IANDATORY FIRE SAFETY MEASURES AS PE	R NATIONAL	BUILDIN	NG CODE OF INDIA-2016
N	IANDATORY FIRE SAFETY MEASURES AS PE	R NATIONAL	BUILDIN	NG CODE OF INDIA-2016
	A) FIRE FIGHTING EQUIPMENTS	YES	NO	Remarks of Inspection Authority Ok or not
01.	A) FIRE FIGHTING EQUIPMENTS Fire Extinguishers ISI Mark			Remarks of Inspection
01. 02.	A) FIRE FIGHTING EQUIPMENTS Fire Extinguishers ISI Mark First Aid Hose Reel			Remarks of Inspection
01. 02. 03.	A) FIRE FIGHTING EQUIPMENTS Fire Extinguishers ISI Mark First Aid Hose Reel Wet Riser System with Accessories in Box			Remarks of Inspection
01. 02. 03. 04.	A) FIRE FIGHTING EQUIPMENTS Fire Extinguishers ISI Mark First Aid Hose Reel Wet Riser System with Accessories in Box Yard Hydrants with Accessories in Box			Remarks of Inspection
01. 02. 03. 04.	Fire Extinguishers ISI Mark First Aid Hose Reel Wet Riser System with Accessories in Box Yard Hydrants with Accessories in Box Automatic Sprinkler System			Remarks of Inspection
01. 02. 03. 04.	Fire Extinguishers ISI Mark First Aid Hose Reel Wet Riser System with Accessories in Box Yard Hydrants with Accessories in Box Automatic Sprinkler System Minimum 240 minute Fire-fighting			Remarks of Inspection
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at all escape routes O4. Alternative Source of Electricity Supply D) FIRE PREVENTION MEASURES NO Remarks of Inspection Authority Ok or not Remarks of Inspection Inspection Authority Ok or not Remarks of Inspection Authority Ok or not Remarks of Inspection Authority Ok or not Remarks of Inspection Inspection Authority Ok or not Remarks of Inspection Inspection Inspection Authority Ok or not Remarks of Inspection Inspection Inspection Authority Ok or not Remarks of Inspection Inspection Inspection Inspection Authority Ok or not Remarks of Inspection Inspection Inspection Authority Ok or not Remarks of Inspection Inspec	03.	Provision of Illuminated Type EXIT Signboards						
D) FIRE PREVENTION MEASURES NO Remarks of Inspection Authority Ok or not Sealing of Various Shafts/Ducts at each floor Level with Fire Resistant Material Detector and Explosion Suppression System depending upon the Fire Hazard involved O3. Provision of conspicuously marked outside Gas Shut-off Valve for area where Gas is employed for any purpose O4. Provision of separation wall between Boiler Room/heating plant and rest of the building O5. Prohibition on Flame Generating Devices in the area of storage of volatile flammable substances O6. Strict adherence of appropriate legislation for Handling, Storage and Sale of Gasoline, Fuel Oil and Flammable Liquids etc. O7. Provision of Fixed, Automatic or Self-closing type wall vents O8. Provision of a Power Driven Fan Exhaust System of Ventilation to produce a complete change of air in each room every 03 minute O9. 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 10. Provision of adequate dust collecting and exhaust system for equipments and machinery which generates/emits combustible or explosive dust/fiber D01. Approved Fire Safety Layout Plan YES NO 11. Approved Fire Safety Layout Plan YES NO 12. Population in Public Interest at the		at all escape routes						
O1. Sealing of Various Shafts/Ducts at each floor Level with Fire Resistant Material O2. Provision of Vapour/Flame/Ember/Spark Detector and Explosion Suppression System depending upon the Fire Hazard involved O3. Provision of conspicuously marked outside Gas Shut-off Valve for area where Gas is employed for any purpose O4. Provision of separation wall between Boiler Room/heating plant and rest of the building O5. Prohibition on Flame Generating Devices in the area of storage of volatile flammable substances O6. Strict adherence of appropriate legislation for Handling, Storage and Sale of Gasoline, Fuel Oil and Flammable Liquids etc. O7. Provision of Fixed, Automatic or Self-closing type wall vents O8. Provision of a Power Driven Fan Exhaust System of Ventilation to produce a complete change of air in each room every 03 minute O9. 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 10. Provision of adequate dust collecting and exhaust system for equipments and machinery which generates/emits combustible or explosive dust/fiber D0CUMENTS TO BE ATTACHED 11. Approved Fire Safety Layout Plan YES NO	04.	Alternative Source of Electricity Supply						
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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)

Recommendations of the Inspection Officer					
<u>.</u>	on 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				