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| Singapore Civil Defence Force  HQ Singapore Civil Defence Force  91 Ubi Avenue 4  Singapore 408827 | | | | | | APPLICATION FORMODIFICATION / WAIVER OF FIRE SAFETY REQUIREMENTS **S 59 OF FIRE SAFETY ACT 1993** | | | | |
| CSC iFAQ (Waiver Enquiry) | | | | |
| **EXPLANATORY NOTES**   1. All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected. 2. A letter of authorization for the Qualified Person by the owner/occupier/Management Corporation shall be provided together with the submission. 3. Where submission is done by a Qualified Person, it is advisable to have this application form completed and submitted by the Qualified Person as the applicant**.** 4. Consultation or waiver reference number related to this submission shall be quoted under Section 1. 5. The submission will be considered null and void if information related to the submission is withheld or not declared. 6. In column (C) of Section II,the applicant should state clearly the reasons, with regard to the modification / waiver sought. 7. The applicant may, if aggrieved by the decision of the Commissioner appeal in the prescribed form and manner to the Minister within 28 days of the date of notification of the decision. 8. Details of owner/occupier/Management Corporation shall be provided if cc copy is required. 9. Check the appropriate box (). 10. \* Delete where applicable. 11. # Information is not required if there is no change to the previous particulars provided to SCDF. 12. It may take you 4 minutes to complete this form. | | | | | | **PAYMENT NOTES**   1. Please make payment within 4 weeks from the date of acknowledgement letter; otherwise your application shall be rejected by the system. Application shall be processed only after full payment has been received. 2. $160/- shall be payable per specific requirement per block/floor/shaft. Separate fee shall be charged for different block/shaft or for each design variation located at different floor of the same block/shaft. QP may wish to refer to SCDF website <http://www.scdf.gov.sg/home/fire-safety/plans-and-consultations/waiver-application> for illustrations. 3. Payment can be made by applicant or Qualified Person separately through NETS, Cashcard, Credit Card, JAV, GIRO or via internet at <http://www.scdf.gov.sg>. Cheque payment will not be accepted. 4. For GIRO, please ensure that there is sufficient fund in your bank account upon submission of this application. We will deduct the application fees from your bank account through GIRO within 14 days from date of this application 5. If you have not signed up for GIRO, please request the Application for Interbank GIRO form to be sent to you. Please return it to us duly completed at least 10 working days before you make this application. | | | | |
| SECTION 1 (To be completed by applicant) | | | | | | | | | | |
| **A. Particulars of Proposal** | | | | | | | | | | |
| Proposal: | | | | | | | | | | |
| \*Lot/Plot No. |  | | | House No. |  | | | | | |
| \*TS/MK No. |  | | | Street Name: | | | | |  | |
| SCDF BP or ME Plans Ref. No. / Waiver or Consultation Ref No. | | | | Postal Code | |
|  | | | |
| Previous Waiver Case Ref. No. (If any) | |  | |  | Consultation Ref. No. (If any) | | |  | |  |
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| Building Category: | | | \* Commercial / Industrial / Residential / Institutional / Others | | | | | | | |
| Is this a Government Building? | | | \* Yes / No | | | | | | | |
| B. Particulars of Applicant For The Waiver | | | | | | | | | | |
| Applicant Name | |  | | | Tel No. | |  | | Fax No. |  |
| Company Name | |  | | | | | | | | |
| Company Address: | | | | | | | | | Postal Code | |
| Email Address: | | | | | | | | |  | |

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| C. Particulars of Qualified Person (QP) If Waiver Applicant Is Not The QP | | | | | | | | | | | |
| QP Name |  | | | | Tel. No. | |  | Fax No | | |  |
| QP Company Name |  | | | | | | | | | | |
| QP Company Address: | | | | | | | | | | Postal Code | |
| Email Address: | | | | | | | | | |  | |
| **D. Waiver Fee Computation** | | | | | | | | | | | |
| Total No. of Waiver Item | |  | | **Total Fee Payable: \_\_\_\_\_\_\_\_\_ items x $160/- = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| E. Modes of Payment | | | | | | | | | | | |
| Credit Card | | | Credit card payment can be made either: (please tick)  ☐ over the customer service counter at HQSCDF  ☐ by logging on to <http://www.scdf.gov.sg> (go to ‘eServices’ and click ‘payment’) | | | | | | | | |
| GIRO | | | QP GIRO Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank/Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| \*CashCard/NETS | | | Please note that payment is to be made over the customer service counter at HQSCDF | | | | | | | | |
| JAV | | | JAV Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for payment by government departments only) | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Waiver Applicant Company's Stamp Signature Date | | | | | | | | | | | |
| SECTION 2 (For Official Use Only) | | | | | | | | | | | |
| Waiver Case Reference No. | | |  | | | | | | | | |
| Waiver meeting date | | |  | | | | | | | | |
| Name of Processing Officer | | |  | | | | | | | | |
| Waiver fee computed | | |  | | | Name of Verification Officer | | |  | | |
| Waiver fee collected | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| Amount short for | | |  | | |
| Date applicant notified | | |  | | |
| Date Short for recovered | | |  | | |

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| **SECTION II**   1. *To be completed by* ***applicant*** *except* ***parts D & F*** 2. *To use a* ***fresh form*** *for each* ***waiver item*** 3. *To* ***delete*** *where* ***appropriate\*\**** | | | SCDF Case Reference No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Waiver item s/no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| A. Description of waiver application& relevant clause number *Eg. To* ***permit*** *provision of one hardstanding only – located along Scotts Road.* | B. Provisions made on plan | C. Reasons in support of application | Waiver Decision *(For official use only)\** |
| To permit / waive / exempt / omit \*\* |  |  | The waiver application is  **Granted / Not granted / Granted with Conditions / Pending\*\***  **Conditions (if any):**  **Reasons for decision:** Time-frame (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Waiver Meeting Recorder’s name & signature Date |
| *State* ***clause number*** *in Code of Practice for Fire Precautions which is relevant to the application*: Clause \_\_\_\_\_\_\_\_\_\_ |
| E. Applicant’s name & signature | F. Processing Officer’s name & signature *(For official use only)\**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ **Name & Signature Date** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Signature |