



SCDF
The Life Saving Force

Singapore Civil Defence Force
Civil Defence Complex
91 Ubi Avenue 4
Singapore 408827

**APPLICATION FOR
INSPECTION/COPY OF RECORD KEPT BY FIRE
SAFETY & SHELTER DEPARTMENT
[FIRE SAFETY ACT (CHAPTER 109 A)]**

SCDF FAQ (Plans Search)



Instructions:

- All forms are to be fully and correctly completed upon submission, failing which application shall be rejected.
- Check the appropriate box (☒)

*Delete where applicable

Payment Note:

- The mode of payment for this application is through Credit Card, NETS or Cashcard only.

Note: Some information/drawings/documents may not be available in our database. While we promise to do our best to search for the information/drawings/documents requested, we are unable to guarantee that the search will always be successful. All fees paid are not refundable.

SECTION 1 (To be completed by the applicant)

1. TYPE OF APPLICATION			
I/We wish to apply for:			
<input type="checkbox"/> The search of the following fire safety plans/documents			
<input type="checkbox"/> The inspection of the following fire safety plans/documents			
<input type="checkbox"/> Copy of the following fire safety plans/document *with/without certification			
<input type="checkbox"/> Building Plans		<input type="checkbox"/> M&E Plans	<input type="checkbox"/> FP Plans
<input type="checkbox"/> Notice of Approval		<input type="checkbox"/> TFP	<input type="checkbox"/> FSC
<input type="checkbox"/> Other (please specify) : _____		<input type="checkbox"/> FC	
of the following building :			
Name of Building(s)			
*Lot/Plot No.		*TS/MK No.	
Address / Road			Postal Code
Type of Building:			
<input type="checkbox"/> Residential (*bungalow/semi-detached/terrace/condominium/flat)			
<input type="checkbox"/> Commercial (*shopping complex/office building/shophouse)			
<input type="checkbox"/> Industrial (*factory/warehouse)			
<input type="checkbox"/> Other (please specify): _____			
2. PARTICULAR OF APPLICANT			
Name	*Mr/Mrs/Ms/Mdm/Dr/Er/QP		NRIC No (Last 4 digit / alphabet)
Address			Postal Code
Tel. No.		Mobile Phone No.	
Fax No.		Email Address.	
3. OTHER INFORMATION			
FSSD Building Plan Reference No. (if any)			
4. DOCUMENT ATTACHED			
I/We attach the following documentary proof of ownership of property.			
Signature of Applicant			Date

SECTION II (To be completed by the property owner or attach property owner's authorization letter)**5. AUTHORISATION FROM PROPERTY OWNER**

I, _____ NRIC No. _____, owner of _____
 (name of owner) (name of last 4 digit / alphabet) (address of property)

_____ hereby authorise _____, NRIC No. _____
 (name of applicant)

to inspect and make copies of the plans/documents of my above-mentioned property.

 Signature of Property Owner

 Company Stamp (if the property
 is owned by a company)

 Date

For Official Use**SECTION III (To be completed by CSC Officer)****Fees Computation**

Type	Rate	Quantity Required	Amount	Collected By
Search Fee	\$27.00 per set/case			Amount: \$ _____ Signature: _____ Name: _____ Date : _____
Inspection Fee	\$22.00 per set/case			
Copying Fee	\$27.00 per set			
A0 Copy	\$ 2.00 per sheet			
A1 Copy	\$ 1.50 per sheet			
A3 Copy	\$ 0.20 per sheet			
A4 Copy	\$ 0.10 per sheet			
Certification Fee	\$ 5.00 per sheet			
Copy of Notice/Certificate	\$ 11.00 per copy			
Total fee payable				

Payment Mode

Credit Card

CashCard

NETS