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| scdf_logo | | Commissioner  Singapore Civil Defence Force  HQ Singapore Civil Defence Force  91 Ubi Avenue 4  Singapore 408827 | | | | | APPLICATION FORWAIVER OF FIRE AND RESCUE MANAGEMENT REQUIREMENTS **S 27 OF FIRE SAFETY ACT (CHAPTER 109 A)** | | | | | | | |
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| **EXPLANATORY NOTES**   1. All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected.  Where submission of plan is done by a Competent Person, it is advisable to have this application form completed and submitted by the Competent Person as the applicant. c. In column (C) of Section II,the applicant should state clearly with regards to the waiver sought, why he considers the endorsement of the provisions of the requirements unreasonable relative to the circumstances of the case.  d. Details of owner/ operator/permit holder shall be provided if cc copy is required.  e. Check the appropriate box (☒)  f. \* Delete where applicable  g. Information is not required if there is no change to the previously particulars provided to FSD.  h. It may take you 4 minutes to complete this form. | | | | | | | **PAYMENT NOTES**   1. Kindly 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. $175/- shall be payable per specific requirement per proposal. Repeated waiver applications under the same proposal submitted at different period shall be charged separately. 3. Payment can be made by applicant or Competent Person separately through NETS, Cashcard, Credit Card. | | | | | | | |
| SECTION 1 (To be completed by applicant) | | | | | | | | | | | | | | |
| **A. Particulars Of Ride** | | | | | | | | | | | | | | |
| Proposal : | | | | | | | | | | | | | | |
| \*Lot/Plot No. |  | | | | | House No. |  | | | | | | | |
| \*TS/MK No. |  | | | | | Street Name : | | | | | | |  | |
| FSSD BP or ME Plans Ref. No. | | | | | | Postal Code | |
|  | | | | | |  | |
| Previous Waiver Case Ref. No(s) (If any) | |  | | | |  | Consultation Ref. No(s)  (If any) | | |  | | | |  |
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|  | | | |  |  | | | |  |
| B. Particulars Of Applicant For The Waiver | | | | | | | | | | | | | | |
| Applicant Name | |  | | | | | Tel. No. | |  | | | # Fax No | |  |
| Company Name | |  | | | | | | | | | | | | |
| # Company Address: | | | | | | | | | | | | |  | |
| # Postal Code | |
|  | |
| C. Particulars Of Competent Person (CP) If Waiver Applicant Is Not The CP | | | | | | | | | | | | | | |
| CP Name | |  | | | | | Tel. No. | |  | | | # Fax No | |  |
| CP Company Name | |  | | | | | | | | | | | | |
| # CP Company Address: | | | | | | | | | | | | |  | |
| # Postal Code | |
|  | |
| **D. Waiver Fee Computation** | | | | | | | | | | | | | | |
| Total No. of Waiver Item | | |  | | **Total Fee Payable : \_\_\_\_\_\_\_\_\_ items x $175/- = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| E. Modes of Payment | | | | | | | | | | | | | | |
| ☐ Credit Card | | | | Payments made via our [Payment E-Services](http://www.scdf.gov.sg/home/e-services) **“6. Miscellaneous Payments”**, please ensure that the following fields are filled in correctly:   1. ARSA Ride Reference No. 2. Description of Payment: Payment for ARSA Permit NOA or COC Renewal [ARSA Ride Reference No.] | | | | | | | | | | |
| ☐ \*CashCard/NETS | | | | Please note that payment is to be made over the customer service counter at HQ SCDF | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Waiver Applicant Company's Stamp Signature Date | | | | | | | | | | | | | | |
| SECTION 2 (For Official Use Only) | | | | | | | | | | | | | | |
| Waiver Case Reference No. | | | |  | | | | | | | | | | |
| Waiver meeting date | | | |  | | | | | | | | | | |
| Name of PO | | | |  | | | | | | | | | | |
| Fee Verification | | | | | | | | | | | | | | |
| Waiver fee computed | | | |  | | | | Name of VO | | |  | | | |
| 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\*\**** | | | FSSD 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 |