



**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 DEPARTMENT  
[FIRE SAFETY ACT (CHAPTER 109 A)]**

CSC iFAQ (Plans Search)



**Instructions:**

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

\*Delete where applicable

**Payment Note:**

- a. 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)**

<b>1. TYPE OF APPLICATION</b>			
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) : _____			
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): _____			
<b>2. PARTICULAR OF APPLICANT</b>			
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.	
<b>3. OTHER INFORMATION</b>			
FSD Building Plan Reference No. (if any)			
<b>4. DOCUMENT ATTACHED</b>			
I/We attach the following documentary proof of ownership of property.			
Signature of Applicant _____			Date _____

