



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)]**

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)

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) : _____			
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	

