



SCDF
The Life Saving Force

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

**APPLICATION FOR
MODIFICATION / WAIVER OF FIRE
SAFETY REQUIREMENTS
S 27 OF FIRE SAFETY ACT (CHAPTER 109 A)**

CSC iFAQ (Waiver Enquiry)



EXPLANATORY NOTES

- 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 Qualified Person, it is advisable to have this application form completed and submitted by the Qualified Person as the applicant.
- In column (C) of Section II, the applicant should state clearly with regard to the modification / waiver sought, why he considers the endorsement of the provisions of the requirements unreasonable relative to the circumstances of the case.
- The applicant may, if aggrieved by the decision of the Commissioner appeal in the prescribed form together with payment of the prescribed fees to the Minister within 28 days of the date of notification of the decision.
- Details of owner/ occupier/ Management Corporation shall be provided if cc copy is required.
- Check the appropriate box
- * Delete where applicable

PAYMENT NOTES

- 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.
- \$160/- shall be payable per specific requirement per proposal. Repeated waiver applications under the same proposal submitted at different period shall be charged separately.
- 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.
- 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 7 days from date of this application
- 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:	
FSSD Building Plan Ref. No. / M&E Plan Ref No. / Waiver Ref No. / Consultation Ref No.			Postal Code
Previous Waiver Case Ref. No. (If any)		Consultation Ref. No. (If any)	
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:					

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			
<input type="checkbox"/> Credit Card	Credit card payment can be made over the customer service counter at HQSCDF		
<input type="checkbox"/> GIRO	QP GIRO Code : _____ Bank/Branch : _____		
<input type="checkbox"/> *CashCard/NETS	Please note that payment is to be made over the customer service counter at HQSCDF		
<input type="checkbox"/> JAV	JAV Number: _____ (for payment by government departments only)		
<p style="text-align: center;">_____</p> <p>Waiver Applicant Company's Stamp Signature Date</p>			
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		<p style="text-align: center;">_____</p> <p>Signature Date</p>	
Amount short for			
Date applicant notified			
Date Short for recovered			

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