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|  | | | | | | | Commissioner  Singapore Civil Defence Force  HQ Singapore Civil Defence Force  91 Ubi Avenue 4 Singapore 408827 | | | | | | | | | | | | APPLICATION FOR IN-PRINCIPLE AGREEMENTOF FIRE SAFETY ENGINEERING DESIGN BRIEF **REG 3 (a) OF FIRE SAFETY (BLDG FIRE SAFETY ) REGS** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | Form FSSD-FEDB |  | | | | | | | |
| **EXPLANATORY NOTES**   1. All particulars are to be fully and correctly completed upon submission, failing which the submission shall be rejected.   b. Check the appropriate box ()  c. Information is not required if there is no change to the previous particulars provided to FSSD.  d. \* Delete where applicable  e. It may take you few minutes to complete this form. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1** (*To be completed by applicant)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Application for in-principle agreement of Fire Safety Engineering Design Brief (FEDB) for :  Building works containing fire safety measures (BP submission)  Fire protection works (FP plans submission)  Air-conditioning & Mechanical ventilation systems (MV plans submission)  for the proposed (project title) :    in the following building : | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Building(s) | | | | | | | | |  | | | | | | | | | | | \*TS/MK No. | |  | | | |
|  | \*Lot/Plot No. | | | | | | | | |  | | | | | | | | | | |  | |  | | | |
|  | Address / Road | | | | | | | | |  | | | | | | | | | | | Postal Code | |  | | | |
| 2. | Nature of Works  New submission  Amendment to FEDB submission  \*Alterations& Additions/Change of Use, Alterations & Additions to existing fire safety works | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | History of Submission | | | | | | | | | | | | | | | | | | | | | | | | |
|  | FSSD Reference No. (if any, but mandatory for amendment FEDB submission) | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | For amendment FEDB submission please state whether this submission is arising from FSSD’s audit check? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | Pre–submission Consultation Reference No(s).(if any) | | | | | | | | | | | | | | | | | | |  | |  | |  | |
|  | Waiver Case Reference No. (if any) | | | | | | | | | | | | | | | | | | |  | |  | |  | |
| 4. | Appointment of Fire Safety Engineer (FSE)  I have appointed \*Mr/Ms/Mdm/Dr/Er      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSE Registration no.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  as the Fire Safety Engineer and authorised \*him/her to act on my behalf. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Details of Owner/Occupier/Management Corporation | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Company Name | | | | | | |  | | | | | | | | | | | | Name & Signature | | | | | | |
|  | | Address | | | | | | | Singapore | | | | | | | | | | | |
|  | | | Tel No. | | | | | | |  | | | | | | | | | | | |
|  | | | Fax No. | | | | | | |  | | | | | | | | | | | | Date : | | | | | | |
| **SECTION II -** CONFIRMATION BY FIRE SAFETY ENGINEER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the particulars given in **Section I** are correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Fire Safety Engineer | | | | | | | |  | | | | | | | | | | | | | | | | Stamp & Signature  of Fire Safety Engineer  Date : | | | |
| Name of Company | | | | | | |  | | | | | | | | | | | | | | | | |
| # Company  Address | | | | | | |  | | | | | | | | | | | | | | | | |
| Postal Code | | | | | | | |  | | | | | | | | | # Fax No. | | |  | | | |
| Office Tel No. | | | | | | | |  | | | | | | | | | Handphone No. | | |  | | | |
| **For Official Use** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project size | | | | | | | | | | J | | | | | N | | | |  | | | | | | | | |
| Building Category | | | | | | | | | |  | |  | |  | |  | |  |
| No. of sheets | | | | | | | | | |  | | | | | | | | |
| Name of PO | | | | | | | | | |  | | | | | | | | |
| Name of AO | | | | | | | | | |  | | | | | | | | | Name & Signature of CSC Officer | | | | | | | | |
| Reference No: | | | | | | | | | |  | | | | | | | | | Date : | | | | | | | | |