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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| cd logo | | | | | | Commissioner  Singapore Civil Defence Force  HQ Singapore Civil Defence Force  91 Ubi Avenue 4  Singapore 408827 | | | | | | | | | | | | | | APPLICATION FORAPPROVAL OF FIRE SAFETY PLANS **[S 23 OF FIRE SAFETY ACT (CHAPTER 109 A)]** | | | | | | | | | | | |
| Form FSSD-PA | | | | | | | |  | | | |
| **EXPLANATORY NOTES**   1. All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected. 2. Letter of No Objection is required if there is a change in the original Qualified Person (QP) or Fire Safety Engineer (FSE) for the project. 3. Only one set of plan is required to be submitted. Plans will only be ready for collection after 14 days from the date of the Notice of Approval. 4. For submission involving new fire safety works, a summary of the Statistical Gross Floor Area (SGFA) comprising the break-down of the floor area of each storey of each building/structure shall be certified by the Qualified Person and attached to the submission. SGFA means the aggregate of the “Gross Floor Area” and “Other Areas” 5. Please read the attached submission-guide before making any submission. 6. Check the appropriate box () 7. \* Delete where applicable 8. # # Only applicable for plans involving performance based fire safety design 9. # Information is not required if there is no change to the previous particulars provided to FSSD.   j. It may take you 5 minutes to complete this form. | | | | | | | | | | | | | | | | | | | | **PAYMENT NOTES**   1. Kindly make payment for the plans approval fee within **four weeks** from the date of acknowledgement letter; failing which, your application will be rejected automatically by our computer system. Please note that SCDF will verify the plan fee declared by you subsequently and inform you and the applicant if there is any shortfall. Your application will only be processed after full payment of plan fee has been received. 2. As part of our efforts to encourage e-Payment for applications made to SCDF, payments for plans approval fee can be made online at www.scdf.gov.sg (Credit Card, GIRO) or through NETS, Cash Card and JAV (for Ministries).      1. Cheque payment is acceptable only for projects with plans approval fees not less than $1000. An application will only be processed after cheque has been cleared. | | | | | | | | | | | |
| **SECTION 1** (*To be completed by applicant)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | **a. Type of submission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building plans  Fire protection plans  Mechanical ventilation plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b. Project title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **c. Building’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Building | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| \*TS/MK No. | | | | | | | | |  | | | | | | | | | | | | | | | \*Lot/Plot No. | | | | |  | |
| Address / Road | | | | | | | | |  | | | | | | | | | | | | | | | Postal Code | | | | |  | |
| 2. | **Nature of Works** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New fire safety works  Amendment to approved fire safety works  \*Alterations& Additions/Change of Use, Alterations & Additions to existing fire safety works | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | **History of Submission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FSSD Reference No. (compulsory for amendment plans submission) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| For amendment plan submission please state whether this submission is arising from SCDF’s audit check? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| Pre–submission Consultation Reference No(s).(if any) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Waiver Case Reference No. (if any) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 4. | **Attachments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the following documents are attached : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prescriptive Fire Safety Design** | | | | | | | | | | | | | | | | | | | | **Performance-Based Fire Safety Design / Mixed\*** | | | | | | | | | | |
| One set of plans  QP’s Declaration Form  \*Calculations/Reports | | | | | | | | | | | | | | | | | | | | A set of plans  QP’s/RFSE’s Declaration Form  Fire Safety Engineering Design Brief  Fire Safety Engineering Report  Operations and Maintenance Manual  Peer Reviewer’s Report | | | | | | | | | | |
| 5. | **Appointment of Qualified Persons/Fire Safety Engineer##/Peer Reviewer##** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have appointed \*Mr/Ms/Mdm/Dr/Er      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC no.      \_\_\_\_\_\_\_\_\_\_\_\_\_  as the Qualified Person and authorised \*him/her to act on my behalf.  I have appointed \*Mr/Ms/Mdm/Dr/Er      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC no.      \_\_\_\_\_\_\_\_\_\_\_\_\_  as the Fire Safety Engineer and authorised \*him/her to act on my behalf.  I have appointed \*Mr/Ms/Mdm/Dr/Er      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC no.      \_\_\_\_\_\_\_\_\_\_\_\_\_  as the Peer Reviewer and authorised \*him/her to act on my behalf. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | **Details of \*Owner/Occupier/Management Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Name & Signature | | |
| Address | | | | | | | | | Singapore | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Tel No. | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Fax No. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date : | | |
| **SECTION II** *(To be completed by the appointed Qualified Person/Fire Safety Engineer)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | **Plan Fee Computation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Works | | | | | | | | | | | | | | | | Floor area/  No of storey affected | | | | | | | | | New Plan fee | | | | | Plan fee payable |
| 1 | | | New fire safety works | | | | | | | | | | | | |  | | | | | m² | | | | $160 / 100m² | | | | | $ |
| 2 | | | Amendment to approved fire safety works | | | | | | | | | | | | |  | | | | | Storey | | | | $ 90 / storey | | | | | $ |
| 3 | | | \*Change of Use / Alterations/Additions to existing fire safety works | | | | | | | | | | | | |  | | | | | Storey | | | | $ 90 / storey | | | | | $ |
| 4 | | | Fire Protection Works | | | | | | | | | | | | |  | | | | | Storey | | | | $ 90 / storey | | | | | $ |
| 5 | | | Air-conditioning & Mechanical Ventilation Systems | | | | | | | | | | | | |  | | | | | Storey | | | | $ 90 / storey | | | | | $ |
| 6 | | | Others (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | $ |
|  | | | Total fee payable: | | | | | | | | | | | | | | | | | | | | | | | | | | | $ |
| 2.. | **Mode of Payment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card | | | | | | | | | | | Credit card payment can be made either: (please tick)  over the customer service counter at HQSCDF  by faxing the credit card application form to Finance Dept at 68481628  by logging on to <http://www.scdf.gov.sg> (go to ‘eServices’ and click ‘payment’) | | | | | | | | | | | | | | | | | | | |
| GIRO | | | | | | | | | | | QP GIRO Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank/Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| CashCard | | | | | | | | | | | Please note that payment is to be made over the customer service counter at HQSCDF | | | | | | | | | | | | | | | | | | | |
| NETS | | | | | | | | | | |
| JAV | | | | | | | | | | | JAV Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for payment by government departments only) | | | | | | | | | | | | | | | | | | | |
| Cheque | | | | | | | | | | | Cheque Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cheque shall be made payable to the "**Commissioner, Singapore Civil Defence Force**".  Cheque can be either: (please tick)  paid over the customer service counter at HQSCDF  mailed to HQ Singapore Civil Defence Force, 91 Ubi Ave 4 S’pore 408827, Attn : Finance Dept  Note: *Payment by cheque is discouraged. For cases where payment is made by cheque, the application will be processed only after the cheque has been cleared.* | | | | | | | | | | | | | | | | | | | |
| **Note : Kindly make payment within 4 weeks from the date of the acknowledgement letter otherwise your application shall be rejected by the system. Applications will be processed only after full payment has been made.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION III(a)** - CONFIRMATION BY QUALIFIED PERSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a.  b. | | | the particulars given in Section I & II are correct and complete.  for alterations/additions to the existing \*fire protection/air-conditioning & mechanical ventilation systems, I have taken into consideration the additional loads imposed by the proposed works on the existing building and will consult a Professional Civil or Structural Engineer if necessary. (applicable for FP/M&E submission only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Qualified Person | | | | | | | | | | | | | |  | | | | | | | | | | Stamp & Signature of Qualified Person | | | | | | | |
| Discipline | | | | | | | | Architecture  Civil  Mechanical  Fire Safety Eng  Structural  Electrical | | | | | | | | | | | | | | | |
| Name of Company | | | | | | | | | | |  | | | | | | | | | | | | |
| # Company Address | | | | | | | | | | |  | | | | | | | | | | | | |
| Email Address | | | | | | | | | | |  | | | | | | | | | | | | |
| # Postal Code | | | | | | | | | | |  | | | | | | | | | | | | |
| Office Tel No. | | | | | | |  | | | | | | | | | Hand phone No. | | |  | | | | |
| # Fax No. | | | | | | |  | | | | | | | | | | | | | | | | | Date : | | | | | | | |
| **SECTION III(b) -** CONFIRMATION BY FIRE SAFETY ENGINEER## (if different from QP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | the particulars given in Section I & II are correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Fire Safety Engineer | | | | | | | | | | | | |  | | | | | | | | | | Stamp & Signature of Fire Safety Engineer | | | | | | | | |
| Name of Company | | | | | | | | |  | | | | | | | | | | | | | |
| # Company Address | | | | | | | | |  | | | | | | | | | | | | | |
| # Postal Code | | | | | | | | |  | | | | | | | | | | | | | |
| Office Tel No. | | | | |  | | | | | | | | | | Hand phone No. | | |  | | | | |
| # Fax No. | | | | |  | | | | | | | | | | | | | | | | | | Date : | | | | | | | | |
| Email Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION III(c**) - CONFIRMATION BY PEER REVIEWER## | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | the particulars given in Section I & II are correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Peer Reviewer | | | | | | | | | | | | |  | | | | | | | | | | Stamp & Signature of Peer Reviewer | | | | | | | | |
| Name of Company | | | | | | | | |  | | | | | | | | | | | | | |
| # Company Address | | | | | | | | |  | | | | | | | | | | | | | |
| # Postal Code | | | | | | | | |  | | | | | | | | | | | | | |
| Office Tel No. | | | | |  | | | | | | | | | | Hand phone No. | | |  | | | | |
| # Fax No. | | | | |  | | | | | | | | | | | | | | | | | | Date : | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For Official Use** | | | | | | | |
| Project size | J | | | N | | | Plan fee computation verified by: |
| Building Category |  |  |  | |  |  |
| No. of sheets |  | | | | | | Name & Signature of CSC Officer |
| Name of PO |  | | | | | | Date : |
| Name of AO |  | | | | | |  |
| Reference No: |  | | | | | |  |

SECOND SCHEDULE

Regulation 3(*c*)

Form 1

FIRE SAFETY ACT  
(CHAPTER 109A)

FIRE SAFETY (BUILDING FIRE SAFETY) REGULATIONS

DECLARATION FORM

The Commissioner  
Singapore Civil Defence Force  
91 Ubi Avenue 4  
Singapore 408827

*To be completed by the qualified person who prepares the plans of fire safety works which do not contain an alternative solution.*

Proposal

\*Lot/Plot \*TS/MK

Address/Road

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC No./Passport No.\_\_\_\_\_\_\_\_\_\_\_, being a qualified person under the Fire Safety Act, hereby certify that the fire safety works as shown on these plans have been designed in accordance with the provisions of the Fire Code, the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to modifications or waivers under section 27 of the Fire Safety Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Name and signature of qualified person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of qualified person)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*delete whichever is inapplicable

Form 2

FIRE SAFETY ACT  
(CHAPTER 109A)

FIRE SAFETY (BUILDING FIRE SAFETY) REGULATIONS

The Commissioner  
Singapore Civil Defence Force  
91 Ubi Avenue 4  
Singapore 408827

Proposal

\*Lot/Plot \*TS/MK

Address/Road

Part I

*To be completed by the qualified person who is a fire safety engineer and who prepares the plans of fire safety works which include any alternative solution, and the fire safety engineering report.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC No./Passport No.\_\_\_\_\_\_\_\_\_\_\_ being a qualified person and a fire safety engineer under the Fire Safety Act, hereby certify that ⎯

(*a*) the fire safety works as shown on these plans have been designed in accordance with the provisions of the Fire Code, the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to modifications or waivers under section 27 of the Fire Safety Act; and

(*b*) the alternative solution in the plans, and the fire safety engineering report, satisfy the fire performance requirements in the Fire Code, and comply with the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to any deviation or modification approved by the Commissioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Name and signature of  
qualified person/fire safety engineer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of qualified person/  
 fire safety engineer)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part II

*To be completed by the peer reviewer who reviews the alternative solution in the plans of fire safety works and the fire safety engineering report.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC No./Passport No.\_\_\_\_\_\_\_\_\_\_\_\_ being a peer reviewer under the Fire Safety Act, hereby certify that the alternative solution shown on these plans, and the fire safety engineering report (\*satisfy/ do not satisfy/partially satisfy, subject to the conditions stated in my peer reviewer’s report) the fire performance requirements in the Fire Code, and comply with the provisions of the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to any deviation or modification approved by the Commissioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Name and signature of peer reviewer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of peer reviewer)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*delete whichever is inapplicable

Form 3

FIRE SAFETY ACT  
(CHAPTER 109A)

FIRE SAFETY (BUILDING FIRE SAFETY) REGULATIONS

DECLARATION FORM

The Commissioner  
Singapore Civil Defence Force  
91 Ubi Avenue 4  
Singapore 408827

Proposal

\*Lot/Plot \*TS/MK

Address/Road

Part I

*To be completed by a qualified person who is not a fire safety engineer and who prepares the plans of fire safety works, and prepares the alternative solution in the plans under the supervision of a fire safety engineer.*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC No./Passport No. \_\_\_\_\_\_\_\_\_\_ being a qualified person under the Fire Safety Act, hereby certify that ⎯

(*a*) the fire safety works as shown on these plans have been designed in accordance with the provisions of the Fire Code, the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to modifications or waivers under section 27 of the Fire Safety Act; and

(*b*) the alternative solution in the plans adheres to the fire safety engineering report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and signature of qualified person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of qualified person)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part II

*To be completed by the fire safety engineer who is not a qualified person and who supervises the preparation of the alternative solution in the plans of fire safety works, and prepares the fire safety engineering report.*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC No./Passport No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a fire safety engineer under the Fire Safety Act, hereby certify that the alternative solution shown on these plans, and the fire safety engineering report, satisfy the fire performance requirements in the Fire Code, and comply with the provisions of the Fire Safety Act and any regulations made thereunder, the relevant codes of practice and design guidelines, subject to any deviation or modification approved by the Commissioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Name and signature of fire safety engineer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of fire safety engineer)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART III

*To be completed by the peer reviewer who reviews the alternative solution in the plans of fire safety works and the fire safety engineering report.*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC No./Passport No. \_\_\_\_\_\_\_\_\_\_\_\_ being a peer reviewer under the Fire Safety Act, hereby certify that the alternative solution shown on these plans, and the fire safety engineering report (\*satisfies/ do not satisfy/ partially satisfies, subject to the conditions stated in my peer reviewer’s report,) the fire performance requirements in the Fire Code, and comply with the provisions of the Fire Safety Act and its regulations, the relevant codes of practice and design guidelines, subject to any deviation or modification approved by the Commissioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Name and signature of peer reviewer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Address of peer reviewer)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*delete whichever is inapplicable”.

**DECLARATION FORM GUIDE**

(1) Fire Safety Works complying fully to Prescriptive Provisions in Fire Code

Form 1 - To be completed by the qualified person who prepares the plans of fire safety works which do not contain an alternative solution.

(2) Fire Safety Works involving Alternative Solution (Performance-Based Fire safety Engineering)

(a) Form 2 - To be completed by the qualified person who is a fire safety engineer and who prepares the plans of fire safety works which include any alternative solution, and the fire safety engineering report. This form is also to be completed by the peer reviewer who reviews the alternative solution in the plans of fire safety works and the fire safety engineering report.

(b) Form 3 - To be completed by a qualified person who is not a fire safety engineer and who prepares the plans of fire safety works, and prepares the alternative solution in the plans under the supervision of a fire safety engineer. This form is also to be completed by the peer reviewer who reviews the alternative solution in the plans of fire safety works and the fire safety engineering report.

**FSSD PLAN SUBMISSION GUIDE**

|  |  |  |
| --- | --- | --- |
| **A:** | **BUILDING PLAN** | |
|  | A1 | **Fire Safety Works complying fully to Prescriptive Provisions in Fire Code**   * Qualified Person (QP) shall certify on every sheet of plan based on the declaration as shown in Form 1.   **Fire Safety Works involving Alternative Solution (Performance-Based Fire safety Engineering)**   * If QP is also a Fire Safety Engineer, he/she shall certify on every sheet of plan based on the declaration as shown in Form 2. * If QP is not a Fire Safety Engineer, both QP and the Fire Safety Engineer shall certify on every sheet of plan based on their respective declaration as shown in Form 3. |
|  | A2 | As for the code requirements which have not been complied with or which need modification/waiver, the applications for modification or waiver of the requirements under Section 27 of the Act shall be submitted and approval granted before submission of plans. |
|  | A3 | The QP has to state clearly on the application form the FSSD reference nos. of all related applications for the same project. |
|  | A4 | All drawings are to be legible. |
|  | A5 | All plans are to be drawn to standard metric scale. |
|  | A6 | All plans are to be bounded and folded in standard manner. |
|  | A7 | Scale of each drawing is to be stated clearly on plans. |
|  | A8 | All plans are to be drawn on sheets of the international "A" series and all drawings are of same standard size. |
|  | A9 | Site and key plans are to be duly coloured. |
|  | A10 | Space of 150 mm x 100 mm on top right hand corner shall be kept blank for FSSD endorsement. |
|  | A11 | Suitable sectional views incorporating the proposed system shall be provided. |
|  | A12 | All floor plans and sectional views are to be complete with adequate location gridlines. |
|  | A13 | All pasted portions are to be cross‑signed by the QP. |
|  | A14 | All amendment and addition/alteration works are to be shown coloured except existing works. |
|  | A15 | No of persons provided with means of escape is to be indicated below each floor plan description. |
|  | A16 | Activities / usages of all rooms/areas/compartments are to be indicated on floor plan. |
|  | A17 | Type of fire protection systems to be provided shall be indicated below each floor plan heading. |
|  | A18 | Proposed change of use, if any, shall be specified clearly in the project title. |
|  | A19 | A complete legend of symbols, abbreviations and/or colour scheme of fire doors & fire protection installations shall be provided on plans. |
|  | A20 | Provision of fire engine accessibility in accordance with current Fire Code has to be provided and shown on site plan. Designated driveways/access roads to withstand the operating load of fire engine appliances are to be hatched on plan. |
|  | A21 | Fire resistance rating of fire doors, compartment walls/floors and elements of structure in accordance with the current Fire Code shall be indicated on plan. |
|  | A22 | Calculations on the designed occupancy load and exit requirement *per storey* in the standard forms FSSB-BP 2 & FSSB-BP 3 are to be submitted (if applicable). These calculations are required eventhough the plan submission is for *a small part of the storey*. |
|  | A23 | Position of external hydrant/s along public roads in the vicinity of the subject site & additional provision of internal hydrant/s, if any, within the subject site shall be indicated on site plan. |
|  | A24 | Position of breeching inlet/s, wet/dry riser outlets & hydraulic hosereels, whichever is applicable, shall be indicated in red on floor plan. |
|  | A25 | Detail calculations of the unprotected openings on elevations shall be submitted on standard form FSSB-BP 4. |
|  | A26 | The QP refers to the registered architect or registered professional engineer (PE). |

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| **B:** | **FIRE PROTECTION AND AIR‑CONDITIONING/MECHANICAL** **VENTILATION PLAN** | | |
|  | B1 | **Fire Safety Works complying fully to Prescriptive Provisions in Fire Code**   * Qualified Person (QP) shall certify on every sheet of plan based on the declaration as shown in Form 1 and the following declaration:   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the proposed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ system has been designed in accordance with the provisions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please state the code used*).  **Fire Safety Works involving Alternative Solution (Performance-Based Fire safety Engineering)**   * If QP is also a Fire Safety Engineer, he/she shall certify on every sheet of plan based on the declaration as shown in Form 2 and the following declaration:   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the proposed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ system has been designed in accordance with the provisions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please state the code used*).   * If QP is not a Fire Safety Engineer, both QP and the Fire Safety Engineer shall certify on every sheet of plan based on their respective declaration as shown in Form 3 and the following declaration:   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the proposed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ system has been designed in accordance with the provisions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please state the code used*). | |
|  | B2 | As for the code requirements which have not been complied with or which need modification/waiver, the applications for modification or waiver of the requirements under Section 27 have to be submitted and approval granted before submission of plans. | |
|  | B3 | For engineered smoke control system, in addition to (B1), the PE has to certify on all plans that the proposed smoke control system has been designed in accordance with the provisions of the accepted codes/guidelines (*please state the codes/guidelines used*). | |
|  | B4 | The PE has to state clearly on the application form the FSSD reference nos. of all related applications for the same project. | |
|  | B5 | All requirements in the related BP have to be incorporated in this submission. | |
|  | B6 | All drawings are to be legible. | |
|  | B7 | All plans are to be drawn to standard metric scale. | |
|  | B8 | All plans are to be bounded and folded in standard manner. | |
|  | B9 | Scale of each drawing is to be stated clearly on plans. | |
|  | B10 | All plans are to be drawn on sheets of the international "A" series and all drawings are of same standard size. | |
|  | B11 | Site and key plans are to be duly coloured. | |
|  | B12 | Space of 150 mm x 100 mm on top right hand corner shall be kept blank for FSSD endorsement. | |
|  | B13 | Suitable sectional views incorporating the proposed system shall be provided. | |
|  | B14 | All floor plans and sectional views are to be complete with adequate location gridlines. | |
|  | B15 | All pasted portions are to be cross‑signed by the PE. | |
|  | B16 | Project title is to be correctly given on all plans to reflect the actual intention of the submission. | |
|  | B17 | A complete legend of all symbols, abbreviations and colour scheme/patterns shall be provided on plans. | |
|  | B18 | For alterations and additions submission, areas for submission shall be edged out clearly on floor plans. | |
|  | B19 | All new installations under this submission shall be fully presented in distinctive colour scheme or patterns. | |
|  | B20 | All existing/previously approved installations to be deleted shall be shown in yellow dotted lines only. | |
|  | B21 | All existing/previously approved installations to be retained shall be outlined in neutral tints of grey or black. | |
|  | B22 | All intermediate broken‑off points in the proposed installation layout run shall be identified with their continuity links. | |
|  | B23 | Calculations and reports where applicable shall be submitted. | |
|  | *The following items are applicable to air-conditioning and mechanical ventilation system plans only:* | | |
|  | B24 | | All the fire compartment walls shall be clearly edged out on the floor plans with colour scheme included in the legend. |
|  | B25 | | The installation air volume capacity of all respective fans and other air handling equipment shall be specified on plans. |
|  | B26 | | Schematic air distribution line diagram for the proposed system shall be provided. |