



APPLICATION/PROFORMA FOR APPROVAL OF FIRE SAFETY LAYOUT PLAN

FORM FB-03

(Please fill the form in BLOCK LETTERS only. (All fields are mandatory))

Date of Application: - / / 20

A-1 DETAIL OF APPLICANT/BUILDING

1.	Name, Address, Contact No. and Email ID of the Applicant	
2.	Name, Address, Contact No. and Email ID of the Building Owner	
3.	Name of Building Premises (Location and Address)	
4.	Whether Fresh or Revised Building Plan?	Fresh <input type="checkbox"/> Revised <input type="checkbox"/>
5.	Type of Building	Residential <input type="checkbox"/> Mercantile <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Industrial <input type="checkbox"/> Hazardous <input type="checkbox"/> Storage <input type="checkbox"/>
6.	Plot Area (in Sq. Meters)	
7.	Total covered area at ground level (in Sq. Meters)	
8.	Over all Height (From Ground Level to Parapet) in Meters	
9.	Height upto terrace of last livable floor (in Meters).	
10.	Number of Floors (including Ground Floor)	
11.	Motorable road/space provided all around the building as required in NBC for the applied Occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Number of Basement (please indicate level below ground)	
13.	Area of Basement	
14.	Signature of Applicant	
15.	Signature of Registered Architect as provided in the Architect Act, 1972 with the council of Architect and Competent as per A-2.1.1 part 2 of NBC 2016	
16.	Signature of Structural Engineer having qualification as per A-2.3 part 2 of NBC 2016	

A-2 DOCUMENTS TO BE ATTACHED

1.	Two Sets of Complete Plan i.e. Elevation, Site, Floor Wise, and Section Plan showing/complying as per 12.2.5 and 12.2.5.1 part-2 of NBC 2016	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*****For Office Use Only*****

A-3 INSPECTION REPORT/RECOMMENDATION

1.	Name of Station Fire Officer	
2.	Date of Inspection (DD-MM-YYYY)	
3.	Whether norms of National Building Code of India as applicable to UT Chandigarh is complied with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Fire Safety Building Plan recommended for approval	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Mention the Shortcomings, If Fire Safety Building Plan is not recommended for approval.	
6.	Signature of Station Fire Officer (Member Plan Approval Committee) alongwith Stamp	
7.	Signature of Chief Fire Officer M.C.C.	