

DEPARTMENT OF FIRE & EMERGENCY SERVICES – DAMAN

CHECK LIST OF DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM FOR ISSUANCE OF **RENEWAL OF FINAL NO OBJECTION CERTIFICATE** FOR INDUSTRIAL / HIGH RISE / COMMERCIAL / HOTEL / BUILDINGS AND OTHER OCCUPANCIES.

Sr. No.	Particulars of documents to be attached	YES	NO	
01.	Application form dully filled all columns without any correction.	YES	NO	
02.	Photographs of the fire fighting system	YES	NO	
03.	Copy of register of fire extinguisher maintained by the owner. (Annexure-F)	YES	NO	
04.	Annually certificate to be given by the owner or the occupier for maintenance of the fire prevention and life safety measures. (Annexure-I)	YES	NO	
05.	Annually certificate to be given by the fire contractor/agency regarding maintenance of fire fighting system. (Annexure-II along with Annexure II-A and II-B)	YES	NO	
06.	Quarterly Service report for fire fighting system of each visit for may please be provided by the agency during the AMC period.	YES	NO	
07.	Annual Maintenance Contract (AMC) or Work Copy to the fire agency for maintenance of entire fire fighting system and other fire safety system with proper period mention as per fire NOC and inspection of quarterly basis.	YES	NO	
08.	Copy of Gate Pass Inventory (entry & exit details) to carry out maintenance work of fire fighting system during the period mentioned in Annexure -II in the premises as a evidence.	YES	NO	
09.	An undertaking inform of sworn declaration on plain papers attached with Residential and photo id proof.	YES	NO	
10.	Copy of Final No objection Certificate issued by the Fire Department,	YES	NO	
11	Copy of last renewal of No objection Certificate issued by the Fire Department,	YES	NO	NA

Note: - Application form should be neatly filled all columns without any correction and incomplete form shall be summarily rejected/returned.

Date: / /
Place: Daman.

Signature of the applicant

**APPLICATION FORM FOR ANNUAL RENEWAL OF FINAL NO OBJTION
CERTIFICATE OF THE FACTORY/HOTEL/RESIDENTIAL CUM
COMMERCIAL/HIGH RISE BUILDING AND OTHER OCCUPANCIES.**

01.	Name and Address of the Premises/ Building.					
02.	Name & postal address of Owner/ Director with contact number.					
03.	Description of					
	a) Nature of Business, Trade or Process:					
	b) Inflammable liquids and explosive materials					
04.	Type of Occupancy & Sub Division if any:	Type of occupancy	Sub Division			
	Residential, Educational, Institutional, Assembly, Business, Mercantile, Industrial, Storage, Hazardous					
05.	Types of Industry	SSI/MSI/LSI/Others				
06.	Final N.O.C. No. and Date					
07.	Details of modification/additions done if any					
	a) Structural					
	b) Storage					
	c) Quantity of commodities /inflammable liquids/explosive materials.					
	d) Business					
	e) Electrical appliances.					
	f) Means of escape.					
	g) Any other, furnish details.					
08.	Building					
	General Constructional features: Low Fire risk - Cement Concrete or Brick-walled Or Medium Fire risk - brick-walled and timber Or High Fire risk - Mostly timber framed such as timber floors, timber roof, timber-staircase etc.					
09.	Particulars:-					
	(i) Total area of the plot					
	(ii) Permissible Gr. Coverage @					
	(iii) Consumed Gr. Coverage @					
	(iv) Permissible FAR/FSI @					
	(v) Consumed FSI @					
	(vi) Total built up area of all floors including basement & stilts (sqm.)					
	(vii) Total height of the building (from general ground level up to the terrace level.)					
	(viii) No. of Storeyes, basement, stilts and shops if any					
		Build A	Build B	Build C	Total area in sq. mtrs.	Classification of occupancy
	Basement					
	Stilt					

	shop					
	Gr. floor					
	1 st floor					
	2 nd floor					
	3 rd floor					
	4 th floor					
	Total area					
	(ix) Open space front & 3 other side of the building in meters.					
	a) North side					
	b) South side					
	c) East side					
	d) West side					
	e) Front side direction (E/W/N/S)					
	(x) Number and width of the road to which the building abuts.					
	a) Name of abutting street			Abutting street width in mtrs.	Side	
	1.					
	2.					
10.	Details Firefighting equipment installed/ to be installed					
	(i) Fire buckets					
	(ii) Fire Extinguishers Water Co2 Foam/CO2/DCP)					
	(iii) Hose Reel Hose					
	(iv) Wet-risers					
	(v) Down Comer					
	(vi) Hydrant systems					
	(vii) Automatic Sprinklers system					
	(viii) MOEF System					
	(ix) Automatic Detection & Alarm System					
	(x) No. of fire pump & capacity					
	a) Electric fire pump			l/min capacity		
	b) Diesel Standby fire pump			l/min capacity		
	c) Jockey electric fire pump			l/min capacity		
	d) Booster electric fire pump			l/min capacity		
11.	Details of water sources					
	(i) Underground tank & capacity (inside the premises)					
	(ii) Overhead and capacity					
	(iii) Nearest outside the premises					
12.	Other details if any:					
	(i) Whether all fire fighting system is working condition as recommended by the fire department?					
	(ii) Whether the fire fighting system is periodically tested?					
	(iii) Whether any additional construction work is done or not of building in addition to the					

	approved plan of the building.	
	(iv) Whether the employees is trained in the usage of Fire extinguishers and other Fire safety system or not?	
	(v) Whether the conduct mock drill of fire fighting and safe evacuation drill from the building in the event of fire and other emergency and practiced periodically?	

Certified that the above particulars furnished are true to the best of my knowledge.

Date: / /2019.

Place: Daman.

Signature of the applicant with seal

Encl: Documents attached as per check list.

Note: - Application form should be neatly filled all columns without any correction and incomplete form shall be summarily rejected/returned.

DECLARATION

This declaration of undertaking is executed by _____ resident at _____ as Director/Owner of M/s _____ in favour of the Department of Fire & Emergency Services, Daman for renewal of Final N.O.C. of my/our _____ building.

1. I/We say that I/we are Director/Owner of the factory/Hotel/Residential cum Commercial/High rise building under name & style of _____ having basement, ground floor + ___ upper floors with total height of ___ meters from the general ground level up to the terrace level on land bearing survey/plot No. _____ situated at _____.
2. I/we have applied for renewal of Final No Objection Certificate of the factory building under name & style of _____ on land bearing survey/plot No. _____ situated at _____. The detailed of plan of the building as shown below which is approved as per Development Control Rules – 2005/ Municipality Building Model Bye-laws and Zoning Regulation by the competent authority.

Sr. No.	Particulars of Construction	Total B/U area (Sq. M.)
01.	Total Plot area	
	Permissible Gr. Coverage @	
	Consumed Gr. Coverage @	
	Permissible FAR/FSI @	
	Consumed FAR/FSI @	
02.	Proposed built up area	
	Ground floor	
	First floor	
	Second floor	
	Third floor	
	TOTAL BUILT UP AREA	
03.	Total height of the building in mtrs.	
04.	Number & width of Staircase	

As per approved plan, the site abuts _____ have single/two internal road about _____ meters wide on _____ side and about _____ meters wide on _____ side, as shown on the plan. Open space around the building from plot boundary as shown below which will always be free from obstruction and encroachment for fire brigade access at all times.

South Side - 00.00 Mtrs.
North Side - 00.00 Mtrs.
East Side - 00.00 Mtrs.
West Side - 00.00 Mtrs. + _____ meters wide road.

3. I/We say that as stipulated by the Fire Department, I/We have complied all the conditions regarding Fire Safety Measures/Recommendations as mentioned in **“Final No-Objection Certificate/Report”** of the factory/Hotel/Residential cum Commercial/High rise building under name & style of _____ on

land bearing survey/plot No. _____
situated at _____.

4. I undertake to maintain the entire arrangement of fire fighting system and equipments/accessories installed at factory/Hotel/Residential cum Commercial/High rise building on land bearing survey No. _____ situated at _____ in good working condition so as to ensure their perfect serviceability at all times by regularly servicing and replacing the obsolete equipments failing which the same should be cancelled.
5. I/we undertake to obtain annually renewal certificate for satisfactory maintenance of the fire fighting arrangement made in the factory/Hotel/Residential cum Commercial/High rise building under name & style of _____ on land bearing survey No. _____ situated at Nani Daman failing which the same should be cancelled and I/we shall liable for punitive/penal action as per Notification No.DFS/DD/F.P.-Notification/2004-05/627 dated 12-01-2005 issued under sub-section (2) of section 13 of the Goa, Daman and Diu Fire Force Act, 1986.
6. I/We state that no inflammable materials or hazards chemicals or explosive substance/materials will be stored in the premises without the approval of competent authority and in the event of any violation, I /We (Owner/Occupant) of the said premises will be liable to be dealt with penal action.
7. That I have also submitted the residential and photo identity proof duly attested
8. That this declaration is required to be produced in the Office of the Fire & Emergency Services, Daman for the purpose of undertake to comply all conditions as mentioned in Annual renewal of Final No Objection Certificate failing which the same should be cancelled.
9. I/We say that this undertaking will be binding on me/us, our heirs, and administrators and to our assignees.
10. Whatever stated above is true to the best of my knowledge and belief and I also know that making false declaration is an offence.

Place: Daman.

Dated: / /2019.

Paste here
recent passport
size photograph
with self
attested

Signature of Owner/Director
Name:

Identified By Me

ANNEXURE - I

Annually certificate to be given by the owner or the occupier for compliance of the fire prevention and life safety measures.

CERTIFICATE

This is to certify that the entire arrangement of first aid fire fighting equipments/accessories and fire fighting systems installed in the factory building under name & style of " M/s _____" having basement, ground floor + ___ upper floors with total height of ___ meters from the general ground level up to the terrace level on land bearing survey no. _____ situated at _____, Nani Daman have been maintained periodically and are always keeping in good working condition.

The particulars employees have also been trained in the usage of first aid fire fighting equipments/accessories and fire fighting system. Further, the mock drill of fire fighting and safe evacuation drill in the event of fire and other emergency have been conducted periodically in the premises.

Owner/Director

ANNEXURE - II

Annually certificate to be given by the agency/contractor regarding the compliance of the fire prevention and life safety measures.

CERTIFICATE

Certified that I/we have carried out inspection of the Fire Prevention and Life Safety Measures installed in the following building,

Or premises, namely:

M/S _____

I/we further certify that these installation in the above mentioned buildings are maintained in good repair and efficient conditions during the period _____ to _____ and employees have been trained in the usage of first aid firefighting equipments/accessories and firefighting system, as required under the Notification No.DFS/DD/F.P.-Notification/2004-05/627 dated 12-01- 2005 issued under sub-section (1) of section 13 of the Goa, Daman and Diu Fire Force Act, 1986.

The details of installation of fire prevention & life safety measures carryout number of periodically visit by re-preventatives of agency for maintenance of firefighting system in the above premise/building as described in annexure IIA & IIB:-

Signature of Owner/Director of the
Agency With address and
contact No.

Place: DAMAN.

Date:

ANNEXURE-II-A

- Main Pump: Make Kirloskar ____l/min. at 07 kg/m² at__mtrs. x__nos.
- Diesel Pump: Make Kirloskar ____l/min. at 07 kg/m² at__mtrs. x__nos.
- Jockey Pump: Make Kirloskar ____l/min. at 07 kg/m² at__mtrs. x__nos.
- Booster pump: Make Kirloskar ____l/min. at__mtrs. x__nos.
- Electric automated panel ____ No.
- Hydrant post____Nos.
- No. of Hose Box____ Nos.
- No. of Hose ____ Nos.
- No. of Standard branch pipe with dia meter____ Nos. ____ dia mtrs.
- Wet riser landing valve-____ Nos.
- No. of Hose Box____ Nos.
- No. of Standard branch pipe with dia meter____ Nos.____ dia mtrs.
- Down comer Landing Valve ____ Nos.
- Riser pipe dia meter : ____ mm.
- Hose reel ____ Nos.
- Hose reel dia : ____ mm
- Hose reel nozzle dia: ____ mm
- Fire Service Inlet connection: ____ Nos.
- Fire alarm panel :____ zone panel ____ nos.
- Manual Call point: ____ Nos.
- Hooter : ____ Nos.
- No. of Sprinkler on each floor____ Nos.
- No. of Detector ____ on each floor.
- Emergency telephone board : ____
- Emergency light: ____ Nos.
- Exit Signs and arrow : Yes
- Capacity of water tank: ____ ltr.
- First aid firefighting extinguishers: ____ Nos.

Sr. No.	Type of Fire Extinguisher	Capacity	Qty.	Remarks.
01				
02				
03				

Signature of Owner/Director of the
Agency With address and contact No.

Place: DAMAN.

Dated:

ANNEXURE – II-B

Certified that our representative (as Agency/contractor) visited the premise/building periodically for maintenance of fire prevention and life safety measures in monthly/quarterly basis as per annual maintenance contract work order are as under:

Sr. No.	Particular of details				
1	Name of Agency Name with address and Contact details:				
2	Period of AMC:				
3	Whether Monthly or Quarterly visited as per AMC?				
4	Name & Designation of employees of agency who head carried out visit for maintenance system	S.R. No.	No. of visit on Quarterly / Monthly	Date of Visit	Name of Employees
5	Whether the service reports are attached as per visit?				
6	Whether the copies of Gate pass and Entry/Exit inventory register of employees for maintenance system is enclosed?				
7	Photographs for maintenance of fire fighting system of each visit are attached by agency?				

Signature of Owner/Director of the
Agency With address and contact No.

Place: DAMAN.

Dated:

Note:-

1. Work order for AMC Should is a system generated.
2. Scope of work No. of visit and period of AMC should be clearly mentioned in work order.
3. Purchase order for Firefighting Equipment shall not be allowed.

ANNEX F
REGISTER OF FIRE EXTINGUISE

Record of fire extinguishers installed in premises, its inspection, maintenance and operational history shall be maintained as per the format below:

TYPE							
CAPACITY							
YEAR OF MANUFACTURING							
MAKE							
LOCATION & NUMBER OF FIRE EXTINGUISHER							
Sr. No	Date of quarterly Inspection	Date of annually inspection	Pressure tested on	Date of Discharge	Refilled on	Due for next Refilling	Sign. of agency
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

NOTES

1. In remarks column fill details of date of operation as per annual maintenance date, date of rejection and disposal with details of observation and date of calibration of safety valves and pressure gauges in case of high capacity extinguisher.
2. Each extinguisher should be allotted one full page and particulars of a permanent nature like SI No. Type capacity. Year of manufacture, Make and location can be transfer to the top portion of the Register.