

**DEPARTMENT OF FIRE & EMERGENCY SERVICES – DNH&DD,
DAMAN.**

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

Sr. No.	Particulars of documents to be attached	YES	NO
01.	Application form and relevant check lists dully filled all columns without any correction.	YES	NO
02.	All copies of approved plan	YES	NO
03.	Complete Fire Fighting layout plan of all floors wise	YES	NO
04.	Copy of construction permission/license of DMC/ PDA.	YES	NO
05.	Copy of occupancy certificate of the building if any	YES	NO
06.	An undertaking inform of declaration on simple paper attached with Residential and photo id proof.	YES	NO
07.	Certificate by the agency/contractor regarding the compliance of the fire prevention and life safety measures	YES	NO
08.	Photographs of the all fire fighting system and Marginal open spaces/ Set Back	YES	NO
09.	Copy of Provisional NOC for construction permission/ letter of fire safety recommendation issued by the fire department.	YES	NO
10.	Fire Pumps Technical Details issued by Pump Manufacturer	YES	NO
11.	Registered Electrical Contractor Certificate	YES	NO
12.	Project report of the industries	YES	NO
13.	Insurance details of factory building	YES	NO

Note: 1. Application form should be neatly filled all columns without any correction and incomplete form shall be summarily rejected/returned.
2. Above all Documents are submitted with proposal is mandatory.

Date: / /

Place: Daman.

applicant

Signature of the

APPLICATION FOR GRANT OF **FINAL NO OBJECTION 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.	N.O.C. is required for which purpose					
04.	Full Details of Insurance company					
05.	Designation of					
	a) Nature of Business, Trade or Process:					
	b) Inflammable liquids and explosive materials					
06.	Type of Occupancy & Sub Division if any:	Type of Occupancy	Sub Division			
	Residential, Educational, Institutional, Assembly, Business, Mercantile, Industrial, Storage, Hazardous					
07.	Types of Industry	SSI/MSI/LSI/Others				
	A) 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.					
	B) 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					
	Gr. floor					
	1 st floor					
	2 nd floor					

	3 rd floor					
	4 th floor					
	Total area					
	(ix) No. of exits and width					
	(x) Details of ceiling					
	(xi) No. of staircases and whether enclosed or open					
	(xii) Width of staircase					
	(xiii) No. of Lifts					Capacity
	(xiv) No. of Fire Lifts					Capacity
	(xv) Verandah or balconies					
	(xvi) Attics, Mezzanine floor, lofts, etc.					
	(xvii) 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)					
	(xviii) Number and width of the road to which the building abuts.					
	a) Name of abutting street			Abutting street width in mtrs.		Side
	1.					
	2.					
08.	Maximum amount of Horse Power of Machinery used					
09.	Maximum No. of persons present including (Occupants, employees, visitors etc.)					
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					
	a) Underground tank & capacity (inside the premises)					

	b) Overhead and capacity	
	c) Nearest outside the premises	
12.	Details and safety measures for:	
	a) Electrical transformer	
	b) Generator	
	c) Control Panel	
	d) Air-conditioning and refrigeration system	
	d) Heating equipment	
	e) Storage of cylinders	
	f) Any other	

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

Date: / /
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.

**DEPARTMENT OF FIRE & EMERGENCY SERVICES – DNH & DD,
DAMAN.**

CHECK LIST FOR SELF APPRAISAL OF FIRE SAFETY INSPECTION IN INDUSTRIAL / HIGH RISE / COMMERICAL / HOTEL / BUILDINGS AND OTHER OCCUPANCIES.

FINAL NOC CHECK LIST

1.	Name & Address of the building				
2.	Name and address of owner/occupiers.				
3.	a	Overall height (from ground level)			
	b	Whether set back areas are conforming to unified building bye-laws	Yes	No	NA
4.	a	Number of basements (please indicate level below ground in each case)	No.	Level-	
	b	If basement extends beyond the building line, please indicate the load bearing strength of the roof of basement.	Yes	No	NA
	c	Area of basement			
05.	Number of floors (including ground floor)				
06.	Approach to proposed building, width of the road				
07.	Details of water supply available for fire fighting.				
	a	Underground water storage static tank (L xB xH)	Liters		
	b	Overhead water storage tank (L xB xH)	Liters		
	c	Details of water supply available exclusively for fire fighting.			
08.	Has wet riser(s) been provided? If so, please indicate the number of risers and internal dia of each.	Yes	No.		
09.	Has any down comer been provided? If so, please give details.	Yes	No		
10.	Please indicate the present arrangement for replenishment of water for fire fighting.		Yes	No	NA
11.	Have internal hydrants/wet riser been provide if so, please indicate no. of hydrants on each floor including basement(s) and terrace.		Yes	G- FF- SF- TH-	
			No		
			NA		
12.	Have first add-hose reels been provided? If so, please indicate:		Yes	No	NA
	a	No. of hose reels on each floor including basement(S)			
	b	Bore and length of hose-reel tubing on each reel			
	c	Size (bore) and type of nozzle fitted to each hose reel.			
	d	Is the hose reel connected directly to the riser or to the hydrant outlet?	WR	DC	HY
13.	Has fire hose been provided near each hydrant? If so, please indicate		Yes	No	NA
	a	Type of hose			
	b	The size (bore) of hoses.			
	c	The length of each hose			
	d	Total number of hoses provided near each hydrant.			
14	Have branch pipes been provided? If so, please indicate		Yes	No	NA
	a	The type of branch pipes			
	b	Size of nozzle fitted to each branch			

15.	a	If the basement is used for car parking or storage, has it been sprinkled?	Yes	No	NA
	b	Whether any cubical proposed in the basement? If so, the area of each cubical be indicate?	Yes	No	NA
	c	Whether segregation/compartimentation of the basement has been provided? If so, please indicate	Yes	No	NA
16.	Is the building equipped with automatic fire detection and alarm system? If so, please indicate		Yes	No	NA
	a	The type of detectors used			
	b	The standard to which the detectors confirm			
	c	The code to which the installation confirms.			
17.	Have manual call boxes been installed in the building for raising a alarm in the event of an outbreak of fire? If so, please give details		Yes	G- SF- TH-	
			No		
			NA		
18.	Has public address system been provided between the various floors and the fire control room in entrance lobby?		Yes	No	NA
19.	Has an intercom system been provided between the various floors and the fire control room in entrance of the building?		Yes	No	NA
20.	Has a fire control room be provided in entrance lobby of the building?		Yes	No	NA
21.	How many staircases have been provided in the building? Please indicate in each case:				
	a	Width of the stairway			
	b	Width of the treads			
	c	Height of the riser			
	d	If the treads are of the non-slip type.			
22.	What is the average occupant load per floor?				
23.	How many lifts have been installed in the building? Please indicate in each case:				
	a	The floors between which the lift runs.			
	b	The type of doors fitted to the lift car and at each landing.			
	c	Fire resistance rating of lift car and landing doors, if known.			
	d	Floor area of the lift car.			
	e	Loading capacity of the lift car.			
	f	Has communication system been installed in the lift for car?			
	g	Has a fireman's switch been installed in the lift for grounding it in the event of fire?			
24.	Have any stationary fire pump(s) been installed for pressurizing the wet riser? If so, please indicate		Yes	No	NA
	a	The number of pumps			
	b	The size of suction and delivery connection of each pump			
	c	The output of each pump.			
	d	The maximum Head against which the pump can operate at the output mentioned at (c)			
	e	Is the pump automatic in action?			
25.	Has a standby source of power supply been provided? Lift is through a generator, please indicate		Yes	No	NA
	a	The capacity (output)			
	b	The function that can be maintained simultaneously by the use of generator, such as operating lift (s) fire pumps emergency lighting etc.	Yes	No	NA
	c	Is the generator automatic in action or has to be started manually?	Yes	No	NA

26.	Has any yard hydrant been provided from the building's fire pump?	Yes	No	NA
27	Where more than one lifts are installed in a common enclosure have individual lifts been separated by fire resisting walls or 2 hours fire rating?	Yes	No	NA
28.	Has the lift shaft(s) lift lobby or stairwell been pressurized? If so, give details.	Yes	No	NA
29.	Have the lift lobbies and staircase been effectively enclosed to prevent fire/smoke entering them from outside at any floor?	Yes	No	NA
30.	Have all exists and direction of travel to each exit been sign-posted with illuminated signs?	Yes	No	NA
31.	Has a false ceiling been provided in any protection of the building? If so, please indicate location and also mention if the material used for the false ceiling is combustible or non-combustible.	Yes	No	NA
32.	Is the building centrally air conditioned? if so, please indicate.	Yes	No	NA
	a The material used for construction of duct and its fittings.			
	b The type of tinning use for duct, if any			
	c The type of lagging used, if any for insulating any portion of the duct, please also indicate how the lagging is secured.			
	d If false ceiling is provided, please give information as at 36 above			
	e If plenum is used a return air passage has it been protected with fire detectors? Please give details.			
	f Has a separate AHU been provided for each floor?			
	g Whether automatic shut down of AHU is coupled with detection system?			
	h Is the ducting for each floor effectively isolated or it continuous or more then one floors?	Yes	No	NA
	i Are the fire dampers being provided?	Yes	No	NA
33.	Where are the switchgear and transformers located? If inside the building, please indicate.	Yes	No	NA
	a If the switchgear and transformer(s) Have been housed in separate compartments, effectively separated from each other and from other portion of the building by a four hours fire resistive wall?	Yes	No	NA
	b What precautions have been taken to prevent a possible fire in the transformer(s) from spreading?			
34.	(i) Whether electric cables, telephone cables, dry/wet risers/down comers pass through a floor or wall have the spaces (apertures) round the cables/pipes been effectively sealed/plugged with non-combustible, fire resistant material?	Yes	No	NA
	(ii) Ventilation:			
	a Whether natural ventilation is relied upon? If so give details of the vents for the stairwell, lift shaft.			
	b Whether mechanical ventilation has been proposed? If so, give details of the proposed system including the number of air changes for the basement and other floors.			
	c Whether mechanical ventilation is coupled with automatic detection system? Please give details of the systems.			
35.	Please indicate the number and type of fire extinguishers provided at various indications and the arrangement for the maintenance of the extinguishers.			

36.	Please indicate if all fire extinguishers bear the ISI certification mark.			
37.	Whether the refuge area has been provided? if so, the floor on witch provided and the total area provided floor-wise.	Yes	No	NA
38.	Are the occupants of the building systematically trained in fire prevention, use of fire extinguishers and emergency procedures? If so, please give details.	Yes	No	NA
39.	Dose an emergency organization exist in the building? If so, please give details and append a copy of the emergency (Fire) orders	Yes	No	NA
40.	Has a qualified fire officer been appointed for the building either individually or jointly with other building(s)	Yes	No	NA
41.	Has the building been protected against lightening? If so, does the lightening protect confirm to any code? Please indicate.	Yes	No	NA
42.	The work has not been started on side and construction will be started only after final approval of the Competent Authority the position of construction site is given below;			

Signature of the Architect.

Owner's Signatures

Name-----.
(in block letters)

Name-----.
(in block letters)

Date: / /
Place: Daman.

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 grant 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 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 Final No Objection Certificate from the Fire department before applying of part/full occupancy of the building on land bearing survey/plot No. _____ situated at _____. The detailed of the 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	
	Forth floor	
	Fifth 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 **“Provisional No-Objection Certificate/Report”** for construction permission of the factory/Hotel/Residential cum Commercial/High rise building under name & style of _____ on land bearing survey/plot No. _____ situated at _____ before obtaining Occupancy/Completion Certificate of the said building.
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 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: / /2020.

Identified By Me

Paste here recent
passport size
photograph with
self attested.

Signature of Builder/Promoter/Owner
Name:

ANNEXURE - I

Certificate by the agency/contractor regarding the compliance of the fire prevention and life safety measures.

CERTIFICATE

Certified that I/we have executed the works towards compliance in relation to fire prevention and life safety measures to be provided and performed other related activities required to be carried out, in the following building or premises, 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.

Or premises, namely:

M/s _____,
_____,
_____,
_____.

The details of the work and related activities which I or we have Executed or performed are mentioned in the list appended herewith.

Signature and Address of the Agency

Place: DAMAN.

Date:

ANNEXURE

Following system has been installed

- Main Pump: Make Kirloskar _____ l/min. at __kg/m² at __mtrs. x __ nos.
- Diesel Pump: Make Kirloskar _____ l/min. at __kg/m² at __mtrs. x __ nos.
- Jockey Pump: Make Kirloskar _____ l/min. at __kg/m² at __mtrs. x __ nos.
- Booster pump: Make Kirlosker ____ l/min. – 01 No.
- Electric automated panel -01 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: 100 mm.
- Hose reel: ____ Nos.
- Hose reel dia : ____ mm
- Hose reel nozzle dia: ____ mm
- Fire Service Inlet connection: 01 Nos.
- Fire alarm panel: __ zone panel __ no.
- Manual Call point: ____ Nos.
- Hooter: ____ Nos.
- No. of Sprinkler on each floor____ Nos.
- No. of Detector ____ on each floor.
- Emergency telephone number board :
- Emergency light: ____ Nos.
- Exit Signs and arrow :
- Capacity of water tank.
- First aid fire fighting extinguishers: ____ Nos.

Sr. No.	Type of Fire Extinguisher	Capacity	Qty.	Remarks.

Signature and Address of the Agency

Place:

Date:

