

**DEPARTMENT OF FIRE & EMERGENCY SERVICES –  
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   | 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.     | Photographs of the fire fighting system  | YES | NO |
| 08.     | Copy of Provisional NOC for construction permission/ letter of fire safety recommendation issued by the fire department. | YES | NO |

**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 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. | Designation of  |                           |              |         |                         |                             |
|     | a) Nature of Business, Trade or Process:  |                           |              |         |                         |                             |
|     | b) Inflammable liquids and explosive materials  |                           |              |         |                         |                             |
| 05. | Type of Occupancy & Sub Division if any:  | Type of Occupancy         | Sub Division |         |                         |                             |
|     | Residential, Educational, Institutional, Assembly, Business, Mercantile, Industrial, Storage, Hazardous |                           |              |         |                         |                             |
| 06. | Types of Industry   | <b>SSI/MSI/LSI/Others</b> |              |         |                         |                             |
| 07. | <b>A) Building</b>  |                           |              |         |                         |                             |
|     | <b>General Constructional features:</b>   |                           |              |         |                         |                             |
|     | <b>Low Fire risk</b> – Cement Concrete or Brick-walled Or   |                           |              |         |                         |                             |
|     | <b>Medium Fire risk</b> – Brick-walled and timber Or  |                           |              |         |                         |                             |
|     | <b>High Fire risk</b> – Mostly timber framed such as timber floors, timber roof, timber-staircase etc.  |                           |              |         |                         |                             |
|     | <b>B) Particulars:-</b>   |                           |              |         |                         |                             |
|     | (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 <sup>st</sup> floor   |                           |              |         |                         |                             |
|     | 2 <sup>nd</sup> floor   |                           |              |         |                         |                             |
|     | 3 <sup>rd</sup> floor   |                           |              |         |                         |                             |
|     | 4 <sup>th</sup> floor   |                           |              |         |                         |                             |
|     | <b>Total area</b>   |                           |              |         |                         |                             |
|     | (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   |                           |              |         |                         |                             |
|     | (xiv) No. of Fire Lifts   |                           |              |         |                         |                             |
|     | (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. | <b>Details Firefighting equipment installed/ to be installed</b>               |                                |                       |
|     | 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  |                                | <b>l/min capacity</b> |
|     | b) Diesel Standby fire pump  |                                | <b>l/min capacity</b> |
|     | c) Jockey electric fire pump   |                                | <b>l/min capacity</b> |
|     | d) Booster electric fire pump  |                                | <b>l/min capacity</b> |
| 11. | <b>Details of water sources</b>  |                                |                       |
|     | a) Underground tank & capacity (inside the premises)                           |                                |                       |
|     | b) Overhead and capacity   |                                |                       |
|     | c) Nearest outside the premises  |                                |                       |
| 12. | <b>Details and safety measures for:</b>  |                                |                       |
|     | 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 – DAMAN

### CHECK LIST FOR SELF APPRAISAL OF FIRE SAFETY INSPECTION IN INDUSTRIAL / HIGH RISE / COMMERCIAL / 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- |
|     |   |  | No     | SF-    | TH- |
|     |   |  | 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-     | FF- |
|     |   |  | No     | SF-    | TH- |
|     |   |  | 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 radding?   | 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 sing-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) | <b>Ventilation:</b>  |     |    |    |
|     | 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 which 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. |      | Does 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 site 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                           |                         |
|         | <b>TOTAL BUILT UP AREA</b>            |                         |
| 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:    /    /2015.

|   |
|---|
| Paste here recent<br>passport size<br>photograph with<br>self attested. |
|---|

Signature of Builder/Promoter/Developer

Name:

Identified By Me

\_\_\_\_\_

**Note:** Draft declaration for **Final No Objection Certificate** of the factory/Hotel/Residential cum Commercial/High rise building shall be made on plain paper.

# 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 of the factory/Hotel/Residential cum Commercial/High rise building under name & style of \_\_\_\_\_ 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 vide letter dated \_\_\_\_\_ 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 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:    /    /2015.

Identified By Me  
\_\_\_\_\_

|  |
|--|
| Paste here recent<br>passport size<br>photograph with<br>self attested |
|--|

Signature of Owner  
Name:

**Note:** Draft Declaration for **Final No Objection Certificate** of the factory/Hotel/Residential cum Commercial/High rise building shall be made on plain paper.

# 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/m<sup>2</sup> at\_\_\_mtrs. x \_\_\_ nos.
- Diesel Pump: Make Kirloskar \_\_\_\_\_ l/min. at \_\_\_kg/m<sup>2</sup> at\_\_\_mtrs. x \_\_\_ nos.
- Jocky Pump: Make Kirloskar \_\_\_\_\_ l/min. at \_\_\_kg/m<sup>2</sup> 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: