

APPLICATION FORM FOR OBTAINING N.O.C. FROM FIRE & EMERGENCY SERVICES DEPARTMENT, MIZORAM.

1	Name and address of the firm/company	
2	Name and contact No of the owner	
3	Location of building and type of construction	
4	Type of Business	
5	Plot area	
6	Covered area (at ground level)	
7	Height of building	
8	Nos of floor/storeys	
9	Total covered area of the building(attach approved drawings of the building from AMC/Others	
10	Expected no of occupants	
11	Mode and type of production/type of occupancy	
12	Electrical wiring system and sanctioned electrical load	
13	List of raw material(applicable for commercial/business enterprise)	
14	Name of finished products(applicable for commercial/business enterprise)	
15	Detail of insurance, if any	
16	Distance from nearest Fire Station(approx)	
17	Whether fresh NOC or Renewal	

18. Details of First Aid Fire Fighting equipment/extinguishers already installed within the premises

S.No	Type of extinguishers e.g. CO2, DCP, Foam etc	Capa- city	Qnty	Make	S/No & Explosive No	Year of Mfg	Date of purchase	Remarks/Refilling Date
1								
2								
3								
4								
5								

Fixed Fire Fighting Installation (Tick for whatever is installed with numbers):-

- | | |
|---|--------------|
| a) Yard Hydrants/Landing Valve | b) Riser |
| c) Down Comer | d) Hose Reel |
| e) Automatic Sprinkler system | |
| f) Automatic Detection and Alarm System | |
| g) Manually Operated Electric Fire Alarm System | |
| h) Deluge valves & Monitors etc. | |
| i) Delivery Hoses | |
| j) Emergency Branch etc. | |

19	Water supply (a) Under Ground Static Water Storage Tank with capacity. (b) Terrace Tank with capacity (c) Water source	
20	Pump capacity in LPM. a) Pump House at Ground level b) Pump at Terrace level.	
21	Detail of safety equipments, if any ie. Protective Suits, Entry Suit , B.A. Set etc	
22	Whether the workers / other staff are well conversant with the operation of first aid fire fighting equipments installed in the premises.	
23	Detail of flammable and hazardous materials alongwith Types and Quantity.	
24	Whether P. A system is installed	
25	Compliance/ recommendation, if any, made in previous inspection	
26	Other information	

It is certified that the information provided in this form, is correct. No information has been concealed, misrepresented or falsified. I understand that in the event of any wrong information provided in this form the NOC is liable to be withdrawn / cancelled by the Fire & Emergency Services, Mizoram.

NOTE : Strike **NIL** wherever inapplicable

Signature
Seal / Stamp