

## FORM-III

### APPLICATION FOR FIRE SAFETY CERTIFICATE

[ See rule-13(1) of the Odisha Fire Prevention and Fire Safety Rules.2017 ]

Application No : FSC1306170022025000006

To,

**The Director, Fire Services,  
Odisha, Cuttack.**

Sir/Madam,

I/We

1.

(1) SUNITA MUND

Wife of DR. SUBRAT KUMAR MUND

Applicant's Address:

*Locality	AT. CANAL ROAD, BARPALI, PO.PS. BARPALI
*Land Mark	CANAL ROAD
*City	BARGARH
*District	BARGARH
*State	ODISHA
*Pin Code	768029
*Mobile No.	9439040127

Applicant's Photo ID Proof: ID Proof: Aadhar Card

ID Proof  
Number:  
892789727571

[View](#)

is the Promoter

#### of following buildings/premises:

Approved Building Plan/Layout plan/Floor Plan/Elevation Plan	<a href="#">View</a>
Approval letter issued by the Plan approving Authority concerned	<a href="#">View</a>
Ownership documents and development agreement if any	<a href="#">View</a>
Fire Safety installation plan	<a href="#">View</a>
Whether the building(s)/ premise(s) are owned by a company?	Yes
Resolution of Board of Directors authorizing the applicant (s)	<a href="#">View</a>
Whether any Fire Safety Supervisor appointed for the proposed building/ occupancy?	No
Appointment letter with salary details of Fire Safety Supervisor	
Other documents ( if any)	

2.1 Detailed Location & full address of the buildings / Premises:

\*Plot No. 3761/7420  
 \*Khata No. 1410/2869  
 \*Street CANAL ROAD BARPALI  
 \*Mouza BARPALI  
 \*Police Station BARPALI  
 \*District Bargarh  
 \*Fire Station Barpali

- 2.2 Plot area: 4047 sqmtr  
 2.3 Width of the road abutting the building or premises: 6.10 mtr  
 2.4 Type of occupancy of the Building or premises:

Total No. of buildings for which Fire Safety Certificate is required 1

Building/Block 1	
Building Type:	Educational Buildings:- (Building height: less than 12 mtrs.) (i) having built up area of one thousand square meters or above Or, (ii) 3 storied buildings.
Building Name:	LITTLE ANGELS PUBLIC SCHOOL, BARPALI
Proposed occupancy:	SCHOOL
No. of Floors (including all underground, basement, Stilt, mezzanine and ground) of each building or tower or block etc.)	03
Height:	10.97 mtr
Category:	Others
Built up area (Total covered area on all floors of the building Including covered area of all underground, basements, Stilt, mezzanine and ground floors) :	853.04 sqmtr
Fees required in INR:	1706.08

3 Details of the buildings/ premises.

Sl No.	Particulars	Requirement as per National Building Code of india	Requirement as per approved plan	Provision made in the building	Deviation/Shortfall deficiency if any
1	Plot area with dimensions		9182 SQFT	9182 SQFT	
2	Total covered/constructed area (at ground level)		9182 SQFT	9182 SQFT	
3	No. of buildings (occupancy wise)		01	01	
4	Height of each building from ground level		36 FT	36 FT	

5	Total number (including all underground, basement, stilt, mezzanine and ground floors)	03	03	
6	Covered area of a Typical floor (total)	3060 SQFT	3060 SQFT	
7	No. of underground or basements (indicate level below ground in each case)	00	00	
8	Area of each underground or basement floor	NA	NA	
9	If underground or basement extends beyond the building line please indicate the load bearing strength of the roof or basement	NA	NA	
10	Occupancy (usage) (mention separately for each underground, basement, stilt, mezzanine, ground and other floors)	9182 SQFT	9182 SQFT	
11	Details of parking areas (mention separately the underground, covered and open parking areas)	NIL	NIL	
12	Details of property/features surrounding the premises	NORTH:- SAHALA ROAD (S.H) EAST:- HOME OF DOLAMANI MEHER WEST:- HOME OF LAXMI MAHATTAM SOUTH:- LAND OF NARESH AGRAWAL	NORTH:- SAHALA ROAD (S.H) EAST:- HOME OF DOLAMANI MEHER WEST:- HOME OF LAXMI MAHATTAM SOUTH:- LAND OF NARESH AGRAWAL	
13	No. of gates provided at the boundary for entrance and exit. (indicate their width and height)	ONE	ONE	
14	Open spaces around each of the buildings or blocks or towers. Note: If there is no interconnection between any two blocks or towers at every floor level, then each of those blocks or towers will be treated as separate buildings for the purpose of fire	OPEN SPACE IS THERE		

	safety measures			
	Front	60 FT	60 FT	
	Rear	60 FT	60 FT	
	Left	40 FT	40 FT	
	Right	35 FT	35 FT	
15	Has driveway been provided around each building? If so, indicate its width, turning radius and load bearing capacity	YES	YES	
16	How many staircases have been provided in the building? Please indicate in each case	TWO	TWO	
	a) The width of the stairway	05.5 FT	05.5 FT	
	b) The width of treads	1 FT	1 FT	
	c) The height of riser	0.5 FT	0.5 FT	
17	Has "Fire tower" been provided in the building? If so, please indicate	NO	NO	
	a) Fire rating of the walls	NA	NA	
	b) Fire rating of the Exit doors at each floor	NA	NA	
18	What is the average occupant load per floor?			
19	Number and details of all lifts? Please indicate in each case.	NA	NA	
	a) The floor between which lift runs	NA	NA	
	b) The type of doors fitted to the lift car and each landing	NA	NA	
	c) Fire resistance rating of lift car landing doors if known	NA	NA	
	d) Floor area of the lift car	NA	NA	
	e) Loading capacity of	NA	NA	

	the lift car			
	f) Has communication system installed in the lift car	NA	NA	
	g) Has a "Fireman" switch been installed in the lift for grounding it in the event of fire?	NA	NA	
20	Where more than one lift are installed in the common enclosure, have individual lifts been separated by fire rating?	NA	NA	
21	Has the lift shafts, lift lobby or stair well been pressurized?	NA	NA	
22	Have the lift lobby and staircases been effectively enclosed to prevent fire/smoke entering them from outside at any floor?	NA	NA	
23	Have all the "Exits" and "Way to Exits" been signposted with illuminated signages?	NA	NA	
24	Has Wet Riser (s)/Dry Riser (s) been provided? If so please indicate the no. of risers and internal diameter of each	NA	NA	
25	Has Down Comer (s) been provided? If so please give details	NA	NA	
26	Have internal hydrants been provided? If so, please indicate	NO	NO	
	a) No. of hydrants on each floor (Indicate whether single or twin outlets)	NA	NA	
27	Have first-aid hose reels been provided? If so, please indicate	NO	NO	
	a) No. of hose reels in	NA	NA	

	each floor including basement (s)			
	b) Bore and length of hose reel tubing on each reel drum	NA	NA	
	c) Size (Bore) and type of nozzle fitted to each hose reel	NA	NA	
	d) Is the hose reel connected directly to the riser or to the hydrant outlet?	NA	NA	
28	Has fire hose been provided near each hydrant in hose box? If so, please indicate	NA	NA	
	a) The type of hose	NA	NA	
	b) The size of (bore) of hoses	NA	NA	
	c) The length of each hose	NA	NA	
	d) Total no. of hoses provided in each hydrant	NA	NA	
29	Have branch pipe been provided? If so, please indicate	NA	NA	
	a) The type of branch pipe	NA	NA	
	b) Size of nozzle fitted to each branch	NA	NA	
30	Is the building equipped with automatic fire detection and alarm system? If so, please indicate	NO	NO	
	a) The type of detectors used	NA	NA	
	b) The standard to which it conforms	NA	NA	
	c) Whether detectors provided above false ceiling	NA	NA	
	d) The code to which the installation conforms	NA	NA	

31	Have manual call boxes been installed in building for raising an alarm in the event of an outbreak of fire? If so, please give details	NA	NA	
32	Have public address system been installed in the building with loudspeakers on each floor?	YES	YES	
33	Has any yard hydrant been provided from the building's fire pump?	NO	NO	
34	Is the building sprinklered? If so, indicate	NO	NO	
	a) The type of sprinklers used	NA	NA	
	b) Standard to which it conforms	NA	NA	
	c) Whether sprinklers provided above false ceiling	NA	NA	
	d) Has the basement been sprinklered?	NA	NA	
	e) The code to which the installation conforms	NA	NA	
35	Have any stationary fire pumps been installed for pressurizing the Wet Riser? If so, please indicate	NA	NA	
	a) The number of pumps	NA	NA	
	b) The size of suction and delivery connections of each pump	NA	NA	
	i) Suction (mm)	NA	NA	
	ii) Delivery (mm)	NA	NA	
	c) The output of each pump	NA	NA	
	d) The maximum head against which the pump can operate at the output	NA	NA	

	mentioned at (c) above			
	e) Is the pump automatic in action?	NA	NA	
36	Please give the capacity and size of the underground static tank if any exclusively for firefighting	NA	NA	
37	Please indicate the present arrangements for replenishment of the underground tank	NA	NA	
38	Is any public or other water storage facility available nearby? If so, please give the capacity and distance from the building. Is it readily accessible?	YES	YES	
39	Number and type of fire extinguishers provided at various locations (building wise)	53 CO2 & ABC	53 CO2 & ABC	
40	Whether all fire extinguishers bear the ISI certification mark	YES	YES	
41	Has a stand by source of power been provided? If it through a generator, please indicate	YES	YES	
	a) The capacity (output)	66 KW	66 KW	
	b) The functions that can be maintained simultaneously by the use of generator such as operating lifts, fire pumps, emergency lighting etc.	YES	YES	
	c) Is the generator automatic in action or has to be started manually?	YES	YES	
42	Provision of fire control room and its location	YES	YES	
	Is the building			

43	centrally air conditioned? If so, please indicate	NO	NO	
	a) The material used for construction of ducts and its fittings	NA	NA	
	b) The type of lining used for ducts if any	NA	NA	
	c) Type of legging used, if any for insulating any portion of ducts and indicate how the legging is secured	NA	NA	
	d) If false ceiling is provided please give the fire resistance rating of the ceiling material	NA	NA	
	e) If plenum is used as returned air passage, has it been protected with fire detectors? Please give details	NA	NA	
	f) Has a separate AHU been provided for each floor?	NO	NO	
	g) Is the AHU having auto shut off system in case of actuation of detector	NA	NA	
	h) Has fire dampers been provided inside ducts, if so indicate the no. and type of dampers	NA	NA	
44	Is the ducting for each floor effectively isolated or is it continuous for more than one floor?	NA	NA	
45	Basement ventilation detail:-	NA	NA	
	a) Whether natural ventilation is relied upon? If so, give details of vents with area for the stairwell, lift shafts	YES	YES	
	b) Whether mechanical ventilation has been			

	provided If so, give details of the system indicating the numbers of air changes for the basement and other floors	NO	NO	
	c) Whether mechanical ventilation is coupled with automatic detection system? Please give details of the system	NO	NO	
46	Where are the switch gear and transformers located? If inside the building, please indicate	YES	YES	
	a) If the switch gear and transformer (s) have been housed in separate compartments effectively separated from each other and from portion of the buildings by 04 hrs. fire resistive wall?	NO	NO	
	b) What precautions have been taken to prevent a possible fire in transformer (s) from spreading?	YES	YES	
47	Where 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 combustibile, fire resistive materials?	YES	YES	
48	Are the occupants of the building periodically trained in use and operation of fire safety measures and emergency procedure? If so, please give details of training. If not, why?  Does an emergency organization exist in the building? If so,			

49	please give detail and append a copy of emergency (Fire) orders			
50	Has a qualified fire safety supervisor been appointed for the building or premises? If so, his full details. If not, why?			
51	Has the building been protected against lightning? If so, does the lightning protector conform to any code? Please indicate details			
52	Has helipad been provided over the building? If so, whether it has been approved by the authority?			

4 Self attested copies of the following documents are uploaded/ enclosed herewith (original should be produced for inspection and comparison as and when asked for)

- i. Approved building plans (complete set) containing floor plan, elevation plan, section plan, site plan etc.
- ii. Approval letter issued by the Plan approving Authority concerned.
- v. Resolution of Board of Directors authorizing the applicants (s) (if the building or premises is owned by a company.
- vii. Fire Installation Plan.

5 **You are requested to take necessary action for issue of Fire Safety Certificate for occupancy of the aforementioned buildings/ Premises.**

**Applicant:-(1)**

Signature of Applicant :	
Applicant Name:	SUNITA MUND
Applicant Designation:	SECRETARY
Applicant Photo:	

Name and Address of Building/Project : AT. CANAL ROAD, BARPALI, PS. BARPALI, DIST. BARGARH ODISHA  
PIN. 768029

Date: 20-04-2025

Contact person's detail.

\* Name: SUNITA MUND

\* Email: info@angels.ac.in

\*Mobile No. 9861196460

Alternative Mobile No. / Telephone No. 9337757132

Total Amount (in INR) 1706