

# APPLICATION FORM

## for Building Safety Measures Certificate

(for buildings more than 50 feet above its lowest level)

Form No. _____
District _____
Date of submission _____
<i>(For Office Use only)</i>

### 1. Applicant Information:

<b>Owner of the Building</b>	<b>Name:</b> _____ <b>Father/Husband Name:</b> _____
	<b>CNIC:</b> _____ <b>Contact # (Off):</b> _____ <b>Mobile #:</b> _____
<b>Ownership</b>	<input type="checkbox"/> Government <input type="checkbox"/> Semi Govt. <input type="checkbox"/> Private <input type="checkbox"/> Other _____
<b>Status</b>	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Other _____

### 2. Building Information:

<b>Building Name</b>	_____
<b>Address</b>	_____ _____
<b>Area &amp; Age of Building</b>	Plot size: _____ (Sq. ft.)    Total covered Area per Floor _____ (Sq. ft.) Age of the Building _____    Total Covered Area of Building _____ (Sq. ft.) (Years / Months)
<b>Building Design &amp; Internal Partition Type</b>	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No. of basements (if yes) _____
	<input type="checkbox"/> No. of Floors (Above ground Level) _____ <input type="checkbox"/> Total No. of Floors _____
	<input type="checkbox"/> No. of Floors (Below ground Level) _____ <input type="checkbox"/> Height of Building _____ (ft.)
	<input type="checkbox"/> Framed <input type="checkbox"/> Non- Framed <input type="checkbox"/> Steel Framed
<b>Building Type:</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> Other _____
<b>Occupancy Types</b>	<input type="checkbox"/> Apartments /Flats <input type="checkbox"/> Hotel / Boarding <input type="checkbox"/> Warehouse <input type="checkbox"/> Industry /Factory <input type="checkbox"/> Lab <input type="checkbox"/> Hospital <input type="checkbox"/> Office /Shop <input type="checkbox"/> Educational Institute <input type="checkbox"/> Restaurant <input type="checkbox"/> Banquet hall <input type="checkbox"/> Cinema/ Auditorium <input type="checkbox"/> Workshops <input type="checkbox"/> Other _____
<b>Occupants Detail</b>	Total number of occupants: _____ Male _____ Female _____ Children _____ Transgender _____ Persons with disabilities _____ Pet Animals _____
<b>Safety Manager</b>	<b>Name:</b> _____ <b>Father/Husband Name:</b> _____ <b>CNIC:</b> _____ <b>Contact # (Off):</b> _____ <b>Mobile #:</b> _____ HSE Qualifications: <input type="checkbox"/> NEBOSH IGC <input type="checkbox"/> IOSH <input type="checkbox"/> HABC(Fire Safety / BLS / First Aid) <input type="checkbox"/> HSE Supervisor <input type="checkbox"/> Others _____

**3. Building Safety Measures Information** (in accordance with Punjab Community Safety Buildings Regulations 2022):

• Emergency Exits	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please specify No.____)	• Emergency Staircases	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please specify No.____)
• Fire Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please specify No.____)	• Emergency Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Hydrant System	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Fire Hose Cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Overhead Water Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please specify size ____)	• Underground Water Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Automatic Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Automatic Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please specify No.____)	• Fire Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Unobstructed Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Safe Electrical Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Evacuation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Clear access for emergency vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Assembly area	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Refuge area	<input type="checkbox"/> Yes <input type="checkbox"/> No
• First Aid Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Automated External Defibrillator (AED)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• HVAC System	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Emergency Command Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency Fire Lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**4. Attested Documents/Copies to be attached along with this application:**

- |   |  |
|---|--|
| i. Copy of CNIC of Owner of the Building  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Proof of ownership (ownership deed/power of attorney etc.)                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Copy of CNIC of Safety Manager of building                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Copy of Safety Manager's HSE qualification                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Copy of Building Layout / Plan approved of each floor from concerned authority | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Copy of Building Completion Certificate from concerned authority              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vii. Copy of Emergency action plan of the building                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| viii. Photograph of front elevation of building                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ix. Others (if deemed necessary by owner)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**5. Declaration:**

I \_\_\_\_\_, s/d/w/o \_\_\_\_\_, holder of CNIC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ hereby confirm that the information provided herein is correct, complete and to the best of my knowledge and that the documents submitted along with this form are authentic. I am aware that this self declaration statement is subject to review and verification and if such information has been falsified, I may be held accountable and penalized as per law.

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_