



Managing Director
Civil Defence Department
Ministry of Interior
State of Qatar
PO Box 6959

**APPLICATION FOR
APPROVAL OF FIRE SAFETY PLANS**
(Form CDD-PA)

Notes:

- All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected.
- 2 sets of plans are required to be submitted.
- Check the appropriate box (☒)

*Delete where applicable

SECTION 1 (To be completed by applicant)

1. I/We wish to apply for the approval of plans for : (check one box only, use separate form for each type of submission)			
☐ Building works containing fire safety measures (BP submission) ☐ Fire protection works (FP plans submission) ☐ Air-conditioning & Mechanical ventilation systems (MV plans submission)			
for the proposed (project title) :			
Name of Building(s)			
Plot No., if any			
Address / Road		P.O.Box	
2. <u>Nature of Works</u>			
The plans involves : ☐ New fire safety works for erection of new building ☐ Amendment to plans of fire safety works previously submitted to the CDD ☐ *Change of Use, Alterations & Additions to existing fire safety works			
3. <u>History of Submission</u>			
Enquiry No. / Planning Dept Reference No., if any			
Previous Plan CDD Reference No(s), if any, for same project			
Previous Consultation Reference No(s), if any, for same project			
Previous Waiver Case Reference No(s), if any, for same project			
4. <u>Attachments</u>			
I confirm that the following documents are attached : ☐ 2 sets of plans ☐ *Calculations/Reports ☐ Others. Please specify :			

5.	<u>Appointment of Consultant</u> I have appointed *Mr/Ms/Mdm/Dr _____ as the Consultant and authorised *him/her to act on my behalf. Identification No./Passport No _____						
6.	<u>Details of Owner/Occupier/Management Corporation</u>						
Company Name					<u>Name & Signature</u>		
Address							
Tel No.							
Fax No.					Date :		
SECTION II - CONFIRMATION BY CONSULTANT							
I certify that: a. the particulars given in Section I & II are correct and complete. b. for alterations/additions to the existing *fire protection/air-conditioning & mechanical ventilation systems, I have taken into consideration the additional loads imposed by the proposed works on the existing building and will consult a Professional Civil or Structural Engineer if necessary. (applicable for FP/MV submission only)							
Name of Consultant					Stamp & Signature of Consultant		
Discipline	☐ Architecture ☐ Civil ☐ Mechanical ☐ Fire Safety Eng ☐ Structural ☐ Electrical						
Name of Company							
Company Address							
P.O. Box							
Office Tel No.		Mobile No.			Date :		
Fax No.							
For Official Use							
Building Category	C	D	R	I			
No. of sheets					Name & Signature of CSC Officer		
Name of PO					Date :		
Name of AO							
Plan Reference No:							