

Our ref : BCA BC CD 63.3.5

21 January 2002-02-21

Please see the Distribution List

Special Functions Division(#06-00)
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Web Site : <http://www.bca.gov.sg>

Dear Sir,

APPLICATION FORMS FOR DESIGN CONSULTATION, PLAN ACCEPTANCE & COMMISSIONING OF HOUSEHOLD SHELTERS OR STOREY SHELTERS

Please be informed that the following standard forms have been updated as version 1.0-Oct_2001 or 2.0_Nov_2001, whichever is applicable:

- i) Form SF_HS/PF1- Request for Consultation on Household / Storey Shelter Requirements ;
- ii) Form SF_HS/PF2 - Application for Acceptance of Household / Storey Shelter Architectural Plans ;
- iii) Form SF_HS/PF3 - Application of Acceptance of Household / Storey Shelter Structural Plans ;
- iv) Form SF_HS/PF4 - Resubmission for Acceptance of Household / Storey Shelter Plans ;
- v) Form SF-HS/CF1 - Application for Acceptance of Commissioning Of First Household / Storey Shelter; and
- vi) Form SF_HS/CF2 - Application for Acceptance of Commissioning Of Project Household / Storey Shelters

2 Enclosed is the set of the revised standard forms for your members' information and record. These revised forms are to be used by your members with immediate effect. However, they are allowed to use the old version forms till 28th Feb 2002. I would appreciate it if you could draw your members' attention to this change.

3 The revised forms are also posted on BCA's website at :
<http://www.bca.gov.sg/Build> Control>Civil Defence Shelter>Household Shelter>Application Forms.

4. Thank you

Your faithfully,



TAN SEE TING
MANAGER
CIVIL DEFENCE SHELTER ENGINEERING DEPARTMENT
For COMMISSIONER OF BUILDING CONTROL

Encl

DISTRIBUTION LIST

President

Singapore Institute of Architects
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President

Institute of Engineers, Singapore
70 Bukit Tinggi Road
Singapore 289758
Fax : 4671108

cc

Chief Structural Engineer of HDB

HDB Centre
3451 Jalan Bukit Merah,
Tower B, 17 storey
Singapore 159459
Attn : Mr Tan Chee Leng

I would appreciate it if you could inform all engineers and architects in HDB on the content of this minutes. Thank you.

DD(FSSB)

Civil Defence Complex
91 Ubi Avenue 4
Singapore 408827

bcc

BCA Service Centre

Attn : Tan Soh Hong (Ms)

Please ensure availability of hard copy for use by QPs and to inform your counter staff.
Thanks.

REQUEST FOR CONSULTATION ON HOUSEHOLD/STOREY SHELTER REQUIREMENTS

Commissioner of Building Control
 Building and Construction Authority
 5 Maxwell Road #02-01
 Tower Block, MND Complex
 Singapore 069110
 Fax No: 3257150

INSTRUCTIONS

1. Tick (✓) the appropriate boxes.
2. * Delete where not applicable.
3. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____ Plan Type: *CD/CS _____ Shelter Category: *HS/SS

Project Title: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

2 Usage Type Project Type

Residential HDB

Mixed Development Condominium / Apartment

Private Landed

No. of storeys (including basement, if applicable) : _____

No. of Household/Storey Shelters in the Development : _____

Name of Applicant	Address of Applicant
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3 I am appointed as the Qualified Person in respect of the building works described above.

This is my *1st/2nd/3rd consultation request for the above project.

I would like to be informed of the appointment by:

Fax

Post

e-mail (Please indicate e-mail address) _____

4 The following plans are attached :

Architectural Plans – Layout Plans, Sections & Elevation Details

Structural Plans – Layout Plans, Sections & Elevation Details

Name & Signature of Qualified Person	Address of Qualified Person
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Tel No. :	Fax No. :	Date :
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APPLICATION FOR ACCEPTANCE OF HOUSEHOLD/STOREY SHELTER ARCHITECTURAL PLANS

Commissioner of Building Control
 Building and Construction Authority
 5 Maxwell Road #02-01
 Tower Block, MND Complex
 Singapore 069110
 Fax No: 3257150

INSTRUCTIONS

4. Tick (✓) the appropriate boxes.
5. * Delete where not applicable.
6. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____ Plan Type: CD _____ Shelter Category: *HS/SS

Project Title: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

2 Usage Type Project Type Application Type

Residential HDB First-time application

Mixed Development Condominium / Apartment Re-application (i.e. application after NONA¹ is issued)

Private Landed Amendments to accepted plans

No. of storeys (including basement, if applicable) : _____

No. of Household/Storey Shelters in the Development : _____

Name of Applicant	Address of Applicant
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3 I certify that the building works as shown in the plans submitted with this application have been designed in accordance with the "Technical Requirements for Household or Storey Shelters".

- 4 2 sets of the following plans are attached :
- a) Site and Location Plans (1:1000)
 - b) Architectural Layout Plans (1:100) with sections and elevations
 - c) Shelter Detailed Plans (1:50) showing routing and penetration of services, location of ventilation sleeves and blast door openings

Name & Signature of Qualified Person	Address of Qualified Person
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Tel No. :	Fax No. :	Date :
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¹ Notice of Non- acceptance

APPLICATION FOR ACCEPTANCE OF HOUSEHOLD/STOREY SHELTER STRUCTURAL PLANS

Commissioner of Building Control
 Building and Construction Authority
 5 Maxwell Road #02-01
 Tower Block, MND Complex
 Singapore 069110
 Fax No: 3257150

INSTRUCTIONS

7. Tick (✓) the appropriate boxes.
8. * Delete where not applicable.
9. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____ Plan Type: CS _____ Shelter Category: *HS/SS

Project Title: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

<u>Usage Type</u>	<u>Project Type</u>	<u>Application Type</u>
<input type="checkbox"/> Residential	<input type="checkbox"/> HDB	<input type="checkbox"/> First-time application
<input type="checkbox"/> Mixed Development	<input type="checkbox"/> Condominium / Apartment	<input type="checkbox"/> Re-application (i.e. application after NONA ² is issued)
	<input type="checkbox"/> Private Landed	<input type="checkbox"/> Amendments to accepted plans

Name of Applicant

Address of Applicant

3 I certify that the building works as shown in the plans submitted with this application have been designed in accordance with the "Technical Requirements for Household or Storey Shelters".

I confirm that only approved blast door/s, fragmentation plates and ventilation sleeves will be installed.

4 A set of the following plans is attached :

- a) Structural Plans (1:25)
- b) Design Calculations (only applicable to HS/SS tower of 6 storeys or more)

Name & Signature of Qualified Person

Address of Qualified Person

Tel No. :

Fax No. :

Date :

¹ Notice of Non- acceptance

RE-SUBMISSION FOR ACCEPTANCE OF HOUSEHOLD/STOREY SHELTER PLANS

Commissioner of Building Control
Building and Construction Authority
5 Maxwell Road #02-01
Tower Block, MND Complex
Singapore 069110
Fax No: 3257150

Attn: _____

INSTRUCTIONS

10. Tick (✓) the appropriate boxes.
11. * Delete where not applicable.
12. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____

Project Title: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

2 Plan Type

Architectural - CD _____

Structural - CS _____

3 With reference to the Written Direction dated _____, I submit the following:

Amended plans (2 sets for Architectural Plans / 1 set for Structural Plans)

Design Calculations (only applicable to HS/SS tower of 6 storeys or more)

4 I certify that the building works as shown in the plans submitted with this application have been designed in accordance with the "Technical Requirements for Household or Storey Shelters".

Name & Signature of Qualified Person

Address of Qualified Person

Tel No. :

Fax No. :

Date :

**APPLICATION FOR ACCEPTANCE OF COMMISSIONING OF THE FIRST
HOUSEHOLD/STOREY SHELTER**

(only applicable for projects with more than 3 household/storey shelters)

Commissioner of Building Control
Building and Construction Authority
5 Maxwell Road #02-01
Tower Block, MND Complex
Singapore 069110
Fax No: 3257150

INSTRUCTIONS

13. Tick (✓) the appropriate boxes.
14. * Delete where not applicable.
15. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____ Plan Type: CN _____ Shelter Category: *HS/SS

Project Title: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

2 I hereby apply for the Acceptance of Commissioning of the First Shelter in the above mentioned project.

Unit No. of First Shelter : _____

Proposed date of commissioning : _____

1. I confirm that I have supervised the shelter works in accordance with the “Technical Requirements for Household/Storey Shelters”.

b. This is my 1st commissioning request for the First Shelter.

This is my *2nd/ 3rd commissioning request for the First Shelter. I declare that the rectification works of this shelter had been completed.

c. I would like to be informed of the appointment by:

Fax

Post

e-mail (Please indicate e-mail address) _____

Name & Signature of Qualified Person

Address of Qualified Person

Tel No. :

Fax No. :

Date :

**APPLICATION FOR ACCEPTANCE OF COMMISSIONING OF
PROJECT HOUSEHOLD/STOREY SHELTERS**

Commissioner of Building Control
Building and Construction Authority
5 Maxwell Road #02-01
Tower Block, MND Complex
Singapore 069110
Fax No: 3257150

INSTRUCTIONS

16. Tick (✓) the appropriate boxes.
17. * Delete where not applicable.
18. This form is to be filled in BLACK INK only.

1 Project Reference No.: _____ Plan Type: CN _____ Shelter Category: *HS/SS

Project Description: _____

*Lot / Plot: _____ *TS / MK: _____

House No.: _____ Road: _____

Building Name (if any): _____

2 I hereby apply for Acceptance of Commissioning of Project Shelters in the above mentioned project.

House nos. / Blocks nos. to be commissioned : _____

Total number of shelters to be commissioned : _____

Proposed date of commissioning : _____

1. I confirm that I have supervised the shelter works in accordance with the “Technical Requirements for Household/Storey Shelters”.

b. This is my 1st commissioning request for the Project Shelters.

This is my *2nd/ 3rd commissioning request for the Project Shelters. I declare that the rectification works of the Project Shelters had been completed.

c. I would like to be informed of the appointment by:

Fax

Post

e-mail (Please indicate e-mail address) _____

Name & Signature of Qualified Person	Address of Qualified Person
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Tel No. :	Fax No. :	Date :
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