

Telephone : 6325 2211  
Facsimile : 6325 7150  
Email : [bca\\_enquiry@bca.gov.sg](mailto:bca_enquiry@bca.gov.sg)  
Web Site : <http://www.bca.gov.sg>

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**6 Jun 2003**

**Please reply to:**  
**Special Functions Division**  
**#08-00**  
**DID: 63258920**  
**e-mail: [tan\\_see\\_ting@bca.gov.sg](mailto:tan_see_ting@bca.gov.sg)**

**See Distribution List**

**Dear Sirs,**

### **COMMISSIONING APPLICATION FOR FIRST HOUSEHOLD/STOREY SHELTERS**

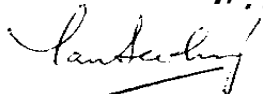
Since Apr 2002, option is given to QP to apply for first shelter commissioning for a project consisting of more than 3 household or storey shelters. The QP could use the commissioned shelter as reference for the construction of other shelters in the same project.

2 As part of our continuous effort to improve customer service to the building industry and with immediate effect, the option of first shelter commissioning before project shelter commissioning is extended to all projects without any restriction on the number of household or storey shelters in the project.

3 We have also reviewed and streamlined the current 2 application forms for shelter commissioning. With immediate effect, QPs may use the integrated application form SF\_HS/CFP or e-form BCA-CDAS-ACHSSS (refer to the attached) to apply for first shelter (optional) and project shelter commissioning. These forms are also available in BCA's website <http://www.bca.gov.sg> & CORENET e-Submission respectively.

4 I would appreciate it if you could disseminate the contents of this circular to your members please.

Yours faithfully,



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

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**President  
Real Estate Developers Association of Singapore  
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Singapore Shopping Centre  
Singapore 239924**

**c.c.**

**CSE/HDB  
Attn: Ho Chew Fook**

**Commissioner of SCDF  
Attn: Eugene Toh**

<b>APPLICATION FOR ACCEPTANCE OF COMMISSIONING OF HOUSEHOLD/STOREY SHELTERS</b>				
Commissioner of Building Control Building and Construction Authority 5 Maxwell Road #02-01 Tower Block, MND Complex Singapore 069110 Fax No: 63257150	<b>INSTRUCTIONS</b> 1. Tick (✓) the appropriate boxes. <input type="checkbox"/> 2. * Delete where not applicable. 3. 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 Shelter(s) in the above-mentioned project (tick one box only).  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top; padding: 5px;"> <input type="checkbox"/> First Shelter (if QP wishes to have one shelter commissioned and use it to serve as reference for construction of other shelters)                               a. Unit Number: _____                               b. Proposed date of commissioning: _____                         </td> <td style="width: 50%; border: none; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Project Shelter(s)                               a. House nos./Block nos. to be commissioned : _____                              _____                               b. Total nos. of shelter(s) to be commissioned: _____                               c. Proposed date of commissioning : _____                         </td> </tr> </table>		<input type="checkbox"/> First Shelter (if QP wishes to have one shelter commissioned and use it to serve as reference for construction of other shelters)  a. Unit Number: _____  b. Proposed date of commissioning: _____	<input type="checkbox"/> Project Shelter(s)  a. House nos./Block nos. to be commissioned : _____ _____  b. Total nos. of shelter(s) to be commissioned: _____  c. Proposed date of commissioning : _____
<input type="checkbox"/> First Shelter (if QP wishes to have one shelter commissioned and use it to serve as reference for construction of other shelters)  a. Unit Number: _____  b. Proposed date of commissioning: _____	<input type="checkbox"/> Project Shelter(s)  a. House nos./Block nos. to be commissioned : _____ _____  b. Total nos. of shelter(s) to be commissioned: _____  c. Proposed date of commissioning : _____			
3	a. I have inspected the completed shelter works and I am satisfied that these works have been carried out in accordance with the accepted shelter plans and the conditions under which the plans were accepted.  b. <input type="checkbox"/> This is my 1 <sup>st</sup> commissioning request for the shelter(s).  <input type="checkbox"/> This is my *2 <sup>nd</sup> / 3 <sup>rd</sup> commissioning request for the shelter(s). I declare that the rectification works of the shelter(s) had been completed.  C. I would like to be informed of the appointment by: <input type="checkbox"/> Fax <input type="checkbox"/> Post <input type="checkbox"/> e-mail (Please indicate e-mail address) _____			
Name & Signature of Qualified Person		Address of Qualified Person		
Tel No. :	Fax No. :	Date :		