APPLICATION FORM FOR FIRE SAFETY PLAN

For Office Use Only

Mauritius Fire and Rescue Service					
57, Labourdonais Street,					
Port Louis					

Tel No: 2113580; Fax: 2113258 Email: mfrs_headoffice@govmu.org



File No.	
Date received:	
Received by:	
Authorised Signature:	

Notes:

- (1) All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected.
- (2) Two sets of plans are required to be submitted.
- (3) Check the appropriate box (\square)
- * Delete as appropriate

Section	n I (To be completed by applicant)
1.	I/We wish to apply for the approval of plans of a ☐ new ☐ update/review for:

- (Check one box only, use separate form for each type of submission)

 ☐ A fire and evacuation plan
- ☐ An off site plan for hazardous materials
- ☐ A forest fire plan

A fire safety management plan
the proposed (project title):

Name of Building:	

Address of building:

Tel No.....

Name and address of Owner/ occupier:

Email Address....

Signature of Applicant:

Status

2. Attachments

I/ we confirm that the following documents are attached:

- \square Two sets of plans
- ☐ Others, please specify

3. Appointment of Consultant							
I/We have appointed *Mr/Ms/							
as the consultant and authorised *him/her to act on my behalf.							
Section II – Confirmation by Consultant							
I/We certify that the particulars given in Section I & II are correct and complete.							
Name and address of Consultant:							
Tel No							
Email Address							
Signature of Consultant:							
Status:		Offic	rial Seal / p of Consultant				
For Official Use	1	İ	1				
Description of the file	Date	Officer					
Application Fees:							
Receipt No:							
Plan Process							
Approved/not approved							
Approval Fees:							
Receipt No:							
Approval conveyed							