



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

**APPLICATION FOR
MODIFICATION / WAIVER OF FIRE
SAFETY REQUIREMENTS**

(Form CDD-WA)

Explanatory Notes:

- It is advisable to have this application form completed and submitted by the consultant as the applicant.
- In column (C) of Section II, the applicant should state with regard to the modification / waiver sought, why the particular provision in the fire code cannot be complied with relative to the circumstances of the case.
- Check the appropriate box ()
- Details of owner/ occupier/ Management Corporation shall be provided if cc copy is required for CDD's reply letter.

* Delete where applicable

SECTION I (To be completed by applicant)

I hereby apply for modification / waiver of the fire safety requirements for the proposed development as described below :

A. Particulars of Project Proposal

Project title:

Name of Building

Unit No.

Plot No., if any

Address/Road

P.O. Box :

Previous CDD Plan Ref. No., if any, for same project

Previous Waiver Ref. No(s), if any, for same project

Previous Consultation Ref. No(s), if any, for same project

Building Category:

* Commercial / Industrial / Residential / Institution

Name of Building Owner

B. Particulars of Applicant for the Waiver

Applicant Name

Tel. No.

Fax No

Company Name

Company Address :

P.O. Box :

SECTION II a. To be completed by applicant except parts D, F & G b. To use a fresh form for each waiver item c. * Delete where appropriate			Waiver Reference No : _____ Waiver item s/no: _____
A. Description of waiver application & relevant clause number <i>Eg. To permit provision of one hardstanding only – located along Salwa Road.</i>	B. Provisions made on plan	C. Reasons in support of application	D. Waiver Decision <i>(For official use only)</i> The waiver application is * Granted / Not granted / Granted with Conditions / Pending Conditions (if any): Reasons for decision:
To permit / waive / exempt / omit <i>State clause number in Fire Code which is relevant to the application:</i> Clause _____			
E. Applicant's name & signature _____ Name & Signature	F. Processing Officer's name & signature <i>(For official use only)</i> _____ Name & Signature Date	G. Officer chairing meeting <i>(For official use only)</i> * MD, CDD / Dir FSD / _____ _____	Time-frame to comply with conditions (if any): _____ Waiver Meeting Recorder's name & signature Date