

Urgent Return receipt Expand Group Restricted Prevent Copy Confidential

寄件者: [REDACTED]
寄件日期: 2026年03月05日星期四 18:27
收件者: tpbpd/PLAND
副本: Henry Ho Cheong AU/PLAND; city E
主旨: 規劃許可申請編號: TPB/A/H21/159 - 消防裝置設備證書附件
附件: FS251證書 - 香港鰂魚涌 鰂魚涌街121號 太就樓地下7A及9A號.pdf; 通風證書 - 香港鰂魚涌 鰂魚涌街121號 太就樓地下7A及9A號.pdf
類別: Internet Email

致城市規劃委員會秘書處：

規劃許可申請編號: TPB/A/H21/159

請查閱以下附件資料：

1. 消防裝置及設備證書
2. 通風系統年檢證書

謝謝!

郭小姐

HE 6 / 34292

FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防 (裝置及設備) 規例

(Regulation 9(1))

(第九條(1)款)

A 9609053

FSD Ref.:
消防處檔號

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

Name of Client :

顧客姓名

Name of Building :

樓宇名稱

Street No./Town Lot :

門牌號數/市地段

121 號

Street/Road/Estate Name :

街道/屋苑名稱

鯽魚涌街

Block :

座

District :

分區

鯽魚涌

Area :

地區

 HK

香港

 K

九龍

 NT

新界

Type of Building 樓宇類型 :

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Inspection ONLY**
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)	Next Due Date 下次到期日(DDMMYY)
24	1 no 9 lit. water gas f.e	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026
24	1 no 5kg CO2 gas f.e	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026
25	1 no fire blanket	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026

Part 2 第二部 Installation / Modification / Repair / Inspection work 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)
			NIL.		

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述
			NIL.	

I/We hereby certify that the above installations/equipment have been tested and found to be in efficient working order in accordance with the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment published from time to time by the Director of Fire Services. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈的最低限度之消防裝置及設備守則與裝置及設備之檢查測試及保養守則的規格, 損壞事項列於第三部。

**如證書涉及年檢事項, 應張貼於大廈
或處所當眼處以供消防處人員查核**

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature :

受權人簽署

Name :

姓名

FSD/RC No. :

消防處註冊號碼

Company Name :

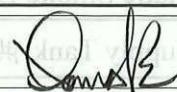
公司名稱

Telephone :

聯絡電話

Date :

日期



Wong Hoi Hang

RC 3 / 697

Hang Yue Engineering
Consultants Limited

3617 7738

30-4-2025

For FSD
use only:

Inspected

Key-in

Verified

HE 6 / 34292

FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

FSD Ref.:
消防處檔號消防 (裝置及設備) 規例
(Regulation 9(1))
(第九條 (1) 款)

A 9638913

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT
消防裝置及設備證書

Name of Client / 顧客姓名: []

Name of Building / 樓宇名稱: [太就樓]

Street No./Town Lot / 門牌號數/市地段: [121 號] Street/Road/Estate Name / 街道/屋苑名稱: [鯽魚涌街]

Block / 座: [] District / 分區: [鯽魚涌] Area / 地區: HK 香港 K 九龍 NT 新界

Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Inspection ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)	Next Due Date 下次到期日(DD/MM/YY)
13	MFA System (1 no Panel) (1 no alarm bell) (2 nos manual call point) (4 nos visual alarm)	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026

Part 2 第二部 Installation / Modification / Repair / Inspection work 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)
			NIL.		

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述
			NIL.	

I/We hereby certify that the above installations/equipment have been tested and found to be in efficient working order in accordance with the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment published from time to time by the Director of Fire Services. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈的最低限度之消防裝置及設備守則與裝置及設備之檢查測試及保養守則的規格, 損壞事項列於第三部。

Authorized Signature: 授權人簽署

Name: 姓名

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Telephone: 聯絡電話

Date: 日期

For FSD use only:

Inspected

Key-in

Verified

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

HE 6 / 34292

FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

A 9638914

FSD Ref.:
消防處檔號

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

Name of Client :

顧客姓名

Name of Building :

樓宇名稱

Street No./Town Lot :

門牌號數/市地段

121 號

Street/Road/Estate Name :

街道/屋苑名稱

鯽魚涌街

Block :

座

District :

分區

鯽魚涌

Area :

地區

 HK K NT

香港

九龍

新界

Type of Building 樓宇類型 :

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Inspection ONLY**
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)	Next Due Date 下次到期日(DD/MM/YY)
11	5 nos E-Light (4 nos No. 1 A850-2-4) (1 no HiLux 6V3L)	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026
12	3 nos Exit Sign (1 no No. 1 LED-2-20) (2 nos HiLux LED-10WS)	地下7A及9A號	Conforms with FSD requirements	29-4-2025	28-4-2026

Part 2 第二部 Installation / Modification / Repair / Inspection work 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期(DD/MM/YY)
			NIL.		

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s) 位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述
			NIL.	

I/We hereby certify that the above installations/equipment have been tested and found to be in efficient working order in accordance with the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment published from time to time by the Director of Fire Services. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈的最低限度之消防裝置及設備守則與裝置及設備之檢查測試及保養守則的規格, 損壞事項列於第三部。

Authorized
Signature :
授權人簽署

Name :

姓名

FSD/RC No. :
消防處註冊號碼Company Name :
公司名稱Telephone :
聯絡電話Date :
日期

Chau Wang Hang

RC 1 / 432, RC 2 / 606

Hang Yue Engineering
Consultants Limited

3617 7738

30-4-2025

For FSD
use only:

Inspected

Key-in

Verified

**如證書涉及年檢事項, 應張貼於大廈
或處所當眼處以供消防處人員查核**This certificate should be displayed at prominent location of the building or premises
for FSD's inspection if any annual maintenance work is involved.

Annual Inspection Certificate

年檢證書

Ventilation of Scheduled Premises Regulation

附表所列處所通風設施規例

Address of Premises Inspected: 經視察處所的地址: (footnote ⁱ 註腳 ⁱ)	Units 7A & 9A, G/F, 121 Quarry Bay Street, Hong Kong Island (文聚料理)	
Premises Type: 處所類別: (footnote ⁱⁱ 註腳 ⁱⁱ)	<input checked="" type="checkbox"/> Restaurant 食肆	<input type="checkbox"/> Dancing Establishment 跳舞場所
	<input type="checkbox"/> Theatre 劇院	<input type="checkbox"/> Cinema 戲院
	<input type="checkbox"/> Funeral Parlour 殯儀館	<input type="checkbox"/> Factory Canteen 工廠食堂



I have inspected every damper, filter and precipitator that are present in the ventilating system(s) that embody(ies) the use of ducting or trunking of the above premises on 29/04/2025 (completion date of inspection). In accordance with the Regulation 6 of the Ventilating of Scheduled Premises Regulation, Cap. 132CE, Laws of Hong Kong, I certify that all dampers / filters / precipitators (delete where inappropriate), except those specified below, are in safe and efficient working order :-

本人已於 29/04/2025 (完成檢查日期) 檢查上述處所敷設有管道或幹槽的通風系統內的每個氣閘、過濾器及聚塵器裝置。現根據香港法例第 132CE 章《附表所列處所通風設施規例》第6條，本人確證除下列裝置外，所有氣閘 / 過濾器 / 聚塵器 (刪除不適用者) 均在操作上安全和有效。

Defects observed 存在缺點

ⁱ (The address indicated on the licence should be used.) (必須根據牌照上顯示的地址)

ⁱⁱ (Tick as indicated on the licence) (根據牌照上顯示的類別加上 X 號)



Partial Submission 只提交了一部份

Location excluded from inspection 未有檢查的地點 (footnote ^{iv} 註腳^{iv})

NIL

Registered Specialist Contractor (Ventilation Works Category) :
註冊專門承建商 (通風系統工程類別) :

HONG KEE AIR CONDITIONED & ENGINEERING.

Registered address :
註冊地址 :

Ground Floor, No. 25 Shim Luen Street, To Kwa Wan, Kowloon

Telephone:
電話:

1. [REDACTED]
2. 23643488
- 3.

Registration Number :
註冊編號 :

SC(V) 131 / 99

Date of Issue of Certificate :
證明書發出日期 :

30/04/2025

Remarks:
備注:

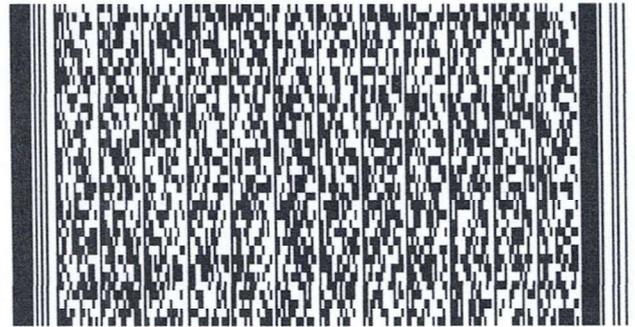
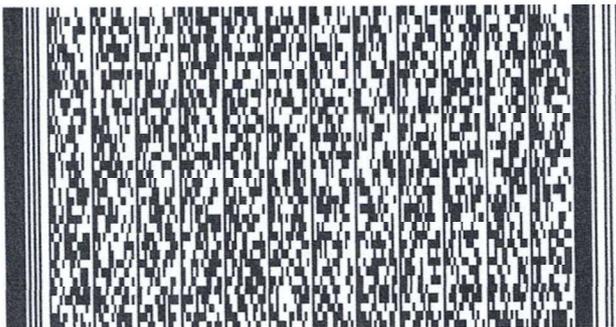
Chop of Registered Specialist Contractor
(Ventilation Works Category) :
註冊專門承建商 (通風系統工程類別) 的蓋章 :



Signature of Authorised Signatory (AS)
(授權人士簽署)

YUEN CHUN KAI IVAN

(Full Name of AS in BLOCK letters)
(授權人士姓名)



^{iv} (Clear description of location NOT covered by this certificate)
(清楚說明非本證明書涵蓋的地址)