



**盈卓
規劃
有限公司**

Our Ref. : DD 101 Lot 20 RP
Your Ref. : TPB/A/YL-MP/411

The Secretary,
Town Planning Board,
15/F, North Point Government Offices,
333 Java Road,
North Point, Hong Kong

By E-mail

08 May 2026

Dear Sir,

1st Further Information

**Temporary Shop and Services (Metal Hardware Shop and
Household Item Retail Store) for a Period of 5 Years in "Open Space" Zone,
Lot 20 RP in D.D. 101, Mai Po, Yuen Long, New Territories**

(S.16 Planning Application No. A/YL-MP/411)

We write to submit further information in response to departmental comments on the captioned application.

Should you require more information regarding the application, please contact our Mr. Danny NG at [REDACTED] or the undersigned at your convenience. Thank you for your kind attention.

Yours faithfully,

For and on behalf of
R-riches Planning Limited

 - 

Christian CHIM
Town Planner

cc DPO/FSYLE, PlanD

(Attn.: Ms. Chloe LEUNG

email: ckyleung@pland.gov.hk)



Response-to-Comment (RtC)

**Renewal of Planning Approval for Temporary Shop and Services
(Metal Hardware Shop and Household Item Retail Store) for a Period of 5 Years in “Open Space” Zone,
Lot 20 RP in D.D. 101, Mai Po, Yuen Long, New Territories**

(S.16 Application No. A/YL-MP/411)

(i) An RtC table:

Departmental Comments		Applicant’s Responses
1. Comments of the Director of Fire Services (D of FS)		
(a)	Full set of valid F.S. 251(s) covering all the FSIs implemented on the application site.	Full set of valid F.S. 251(s) covering all the FSIs are enclosed herewith.
(b)	The applicant is reminded that if the proposed structures are required to comply with the Buildings Ordinance (Cap. 123), detailed fire services requirements will be formulated upon receipt of formal submission of general building plans.	Noted.

顧客姓名 Name of Client: 五環建築工程有限公司

樓宇地址 Address of Building: 座 Block: --- 樓宇名稱 Name of Building: -----

門牌號數及街道/地段 Name of Street/Lot: Lot 20 RP in D.D.101

屋邨/鄉村名稱 Name of Estate/Village: -----

地區 District: 元朗 香港 HK 九龍 K 新界 NT

持牌/註冊處所類型 (如適用) Type of Licensed Registered Premises (if applicable):

簡樸房 Basic Housing Unit 危險品倉 Dangerous Goods Store 木料倉 Timber Store 危險品車輛 Dangerous Good Vehicle

食物業處所 Food Premises 電器廢物處置 E-waste Disposal 公眾娛樂場所 Place of Public Entertainment

校舍 School Premises 改建校舍 Non-designed School 安老院舍 Residential Care Home for the Elderly

幼兒中心 Child Care Centre 私營骨灰安置所 Private Columbaria 殘疾院舍 Residential Care Home for Persons with Disabilities

酒店 Hotel 賓館 Guesthouse 卡拉 OK 場所 Karaoke Establishment

會社 Club 床位寓所 Bedspace Apartment

第一部 只適用於年檢事項 Part 1 Annual Inspection ONLY					
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
24	5Kg 乾粉式滅火筒	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027
24	5Kg Co2 手提滅火筒	G/F 泵房	符合消防處規定	08/05/2026	07/05/2027

第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work						
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	完成之工作內容 Nature of Work Carried out	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	消防裝置關閉/嚴重損壞 恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption

第三部 Part 3 欠妥事項 Defects					
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	欠妥事項 Defects (請以 "*" 註明主要系統嚴重損壞 Please indicate major defects in major system with a "*" sign)	欠妥事項評述 Comment on Defects	消防裝置關閉/嚴重損壞 恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption

本人/我們藉此聲明,上述之消防裝置/設備經測試及/或檢查,其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求,以及最新的《裝置及設備之檢查、測試及保養守則》中的要求,以證明其性能良好,除在第三部分中詳列的裝置/設備欠妥事項(如有)。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

註冊編號 Registration No.: RC3/0793

註冊消防裝置承辦商名稱 Name of Registered Fire Service Installation Contractor: Chan Kwong Ki, Eric

聯絡電話 Telephone: [Redacted]

電郵地址 Email address: [Redacted]

日期 Date: 08/05/2026

備註 Remark: [Redacted]

請將此證書張貼於大廈或處所當眼處以供消防處人員查核
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署 Signature of Authorized Signatory: [Signature]

獲授權簽署人姓名 Name of Authorized Signatory: CHAN KWONG KI ERIC

消防處檔號: FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
(REGULATION 9(1))
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number

046706380000 000265

顧客姓名
Name of Client

五環建築工程有限公司

樓宇地址
Address of Building

座 Block --- 樓宇名稱 Name of Building ---
門牌號數及街道/地段 Number and Name of Street/Lot Lot 20 RP in D.D.101

屋邨/鄉村名稱
Name of Estate/Village

地區 District 元朗 香港 HK 九龍 K 新界 NT

- 持牌/註冊處所類型 (如適用) Type of Licensed Registered Premises (If applicable)
- 簡樓房 Basic Housing Unit
 - 危險品倉 Dangerous Goods Store
 - 食物業處所 Food Premises
 - 校舍 School Premises
 - 幼兒中心 Child Care Centre
 - 酒店 Hotel
 - 會社 Club
 - 木料倉 Timber Store
 - 電器廢物處置 E-waste Disposal
 - 改建校舍 Non-designed School
 - 私營骨灰安置所 Private Columbaria
 - 賓館 Guesthouse
 - 床位寓所 Bedspace Apartment
 - 危險品車輛 Dangerous Good Vehicle
 - 公眾娛樂場所 Place of Public Entertainment
 - 安老院舍 Residential Care Home for the Elderly
 - 殘疾院舍 Residential Care Home for Persons with
 - 卡拉 OK 場所 Karaoke Establishment

第一部 只適用於年檢事項 Part 1 Annual Inspection ONLY			根據《消防(裝置及設備)規例》第八條(1)(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。 In accordance with Regulation 8(1)(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.		
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
11	應急照明系統	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027
12	出口指示牌	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027
13	火警警報系統	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027

第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work						
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	完成之工作內容 Nature of Work Carried out	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	消防裝置關閉/嚴重損壞/恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption
			NIL			

第三部 Part 3 欠妥事項 Defects						
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	欠妥事項 Defects (請以「*」註明主要系統嚴重損壞 Please indicate major defects in major system with a "*" sign)	欠妥事項評述 Comment on Defects	消防裝置關閉/嚴重損壞/恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption	
			NIL			

本人/我們藉此聲明, 上述之消防裝置/設備經測試及/或檢查, 其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求, 以及最新的《裝置及設備之檢查、測試及保養守則》中的要求, 以證明其性能良好, 除在第三部分中詳列的裝置/設備欠妥事項 (如有)。
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註冊編號 Registration No. RC1/0467;RC2/0638
註冊消防裝置承辦商名稱 Name of Registered Fire Service Installation Contractor Fong's Building Services Limited
聯絡電話 Telephone [Redacted]
電郵地址 Email address [Redacted]

請將此證書張貼於大廈或處所當眼處以供消防處人員查核
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署 Signature of Authorized Signatory [Signature]
獲授權簽署人姓名 Name of Authorized Signatory CHAN KWONG KI ERIC

日期 Date 08/05/2026
備註 Remark



盈卓
規劃
有限公司

Our Ref. : DD 101 Lot 20 RP
Your Ref. : TPB/A/YL-MP/411

The Secretary,
Town Planning Board,
15/F, North Point Government Offices,
333 Java Road,
North Point, Hong Kong

By E-mail

14 May 2026

Dear Sir,

2nd Further Information

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Should you require more information regarding the application, please contact our Mr. Danny NG at [REDACTED] / [REDACTED] or the undersigned at your convenience. Thank you for your kind attention.

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For and on behalf of
R-riches Planning Limited

 

Christian CHIM
Town Planner

cc DPO/FSYLE, PlanD

(Attn.: Ms. Chloe LEUNG

email: ckyeung@pland.gov.hk)



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(i) An RtC table:

Departmental Comments		Applicant’s Responses
1. Comments of the Director of Fire Services (D of FS)		
(a)	Full set of valid F.S. 251(s) covering all the FSIs implemented on the application site including Hose Reel System.	Full set of valid F.S. 251(s) covering all the FSIs are enclosed herewith.

顧客姓名 Name of Client 五環建築工程有限公司

樓宇地址 Address of Building 座 Block --- 樓宇名稱 Name of Building ----- 屋邨/鄉村名稱 Name of Estate/Village -----

門牌號數及街道/地段 Name of Street/Lot 門牌號數及街道/地段 Number and Name of Street/Lot Lot 20 RP in D.D.101 地區 District 元朗 香港 HK 九龍 K 新界 NT

- 持牌/註冊處所類型 (如適用) Type of Licensed Registered Premises (if applicable) 簡樸房 Basic Housing Unit 危險品倉 Dangerous Goods Store 木料倉 Timber Store 危險品車輛 Dangerous Good Vehicle 食物業處所 Food Premises 電器廢物處置 E-waste Disposal 公眾娛樂場所 Place of Public Entertainment 校舍 School Premises 改建校舍 Non-designed School 安老院舍 Residential Care Home for the Elderly 請在合適空格內填上"✓"號 幼兒中心 Child Care Centre 私營骨灰安置所 Private Columbaria 殘疾院舍 Residential Care Home for Persons with 酒店 Hotel 賓館 Guesthouse 卡拉 OK 場所 Karaoke Establishment 會社 Club 床位寓所 Bedspace Apartment

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

根據《消防(裝置及設備)規例》第八條(1)(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。
In accordance with Regulation 8(1)(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.

編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
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編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	完成之工作內容 Nature of Work Carried out	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	消防裝置關閉/嚴重損壞 恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption

第三部 Part 3 欠妥事項 Defects

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本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項(如有)。
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請將此證書張貼於大廈或處所當眼處以供消防處人員查核
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

註冊編號 Registration No. RC3/0793
註冊消防裝置承辦商名稱 Name of Registered Fire Service Installation Contractor Chan Kwong Ki, Eric
聯絡電話 Telephone [Redacted]
電郵地址 Email address [Redacted]
日期 Date 08/05/2026
備註 Remark

獲授權簽署人簽署 Signature of Authorized Signatory [Signature]
獲授權簽署人姓名 Name of Authorized Signatory CHAN KWONG KI ERIC

消防處檔號: _____
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
(REGULATION 9(1))
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number

046706380000 000266

顧客姓名
Name of Client

五環建築工程有限公司

supersede : 046706380000 000265

樓宇地址
Address of Building

座
Block

樓宇名稱
Name of Building

屋邨/鄉村名稱
Name of Estate/Village

門牌號數及街道/地段
Number and Name of Street/Lot

Lot 20 RP in D.D.101

地區
District

元朗

香港
HK

九龍
K

新界
NT

持牌/註冊處所類型
(如適用)
Type of Licensed/
Registered Premises
(If applicable)

簡樸房 Basic Housing Unit

危險品倉 Dangerous Goods Store

食物業處所 Food Premises

校舍 School Premises

幼兒中心 Child Care Centre

酒店 Hotel

會社 Club

木料倉 Timber Store

電器廢物處置 E-waste Disposal

改建校舍 Non-designed School

私營骨灰安置所 Private Columbaria

賓館 Guesthouse

床位寓所 Bedspace Apartment

危險品車輛 Dangerous Good Vehicle

公眾娛樂場所 Place of Public Entertainment

安老院舍 Residential Care Home for the Elderly

殘疾院舍 Residential Care Home for Persons with

卡拉 OK 場所 Karaoke Establishment

請在合適空格內填
上「✓」號
Please tick the
appropriate "box"

跳轉到附錄

第一部 只適用於年檢事項 Part 1 Annual Inspection ONLY					
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
11	應急照明系統	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027
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			NIL			

第三部 Part 3 欠妥事項 Defects					
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	欠妥事項 Defects (請以「*」註明主要系統嚴重損壞 Please indicate major defects in major system with a "*" sign)	欠妥事項評述 Comment on Defects	消防裝置關閉/嚴重損壞/恢復通知書 消防處檔案編號 FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption
			NIL		

本人/我們藉此聲明,上述之消防裝置/設備經測試及/或檢查,其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求,以及最新的《裝置及設備之檢查、測試及保養守則》中的要求,以證明其性能良好,除在第三部分中詳列的裝置/設備欠妥事項(如有)。
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or premises for FSD's inspection.

獲授權簽署人簽署
Signature of Authorized Signatory

獲授權簽署人姓名
Name of Authorized Signatory

CHAN KWONG KI ERIC

註冊編號
Registration No.

RC1/0467;RC2/0638

註冊消防裝置承辦商名稱
Name of Registered Fire
Service Installation Contractor

Fong's Building Services Limited

聯絡電話
Telephone

電郵地址
Email address

日期
Date

14/05/2026

備註
Remark

編碼 Code	裝置類型 Type of FSI
1	聲響/視象警報系統 Audio/Visual Advisory System
2	自動啟動裝置 Automatic Actuating Device
3	不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water
4	用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water
5	集水花灑系統 Deluge System
6	水簾系統 Drencher System
7	乾喉系統 Dry Riser System
8	塵埃偵測系統 Dust Detection System
9	機械式排煙系統 Dynamic Smoke Extraction System
10	應急發電機 Emergency Generator
11	應急照明系統 Emergency Lighting
12	出口指示牌 Exit Sign
13	火警警報系統 Fire Alarm System (MFA)
14	消防管制中心 Fire Control Centre
15	火警偵測系統 Fire Detection System
16	消防栓/喉轆系統 Fire Hydrant/Hose Reel System
17	防火捲閘 Fire Shutter
18	保留 Reserved
19	認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance
20	固定泡沫系統 Fixed Foam System
21	氣體偵測系統 Gas Detection System
22	氣體排放系統 Gas Extraction System
23	消防喉轆 Hose Reel
24	手提滅火筒 Portable Fire Extinguisher
25	認可的人手操作手提器具 Portable Hand-operated Approved Appliance
26	樓梯增壓 Pressurization of Staircase
27	裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)
28	花灑系統 Sprinkler System
29	靜態式排煙系統 Static Smoke Extraction System
30	供水缸 Supply Tank
31	通風/空氣調節控制系統 Ventilation/Air Conditioning Control System
32	噴水系統 Water Spray System
33	供水 Water Supply
34	街道消防栓系統 Street Fire Hydrant System
35	其他 Others _____

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第一部 只適用於年檢事項 Part 1 Annual Inspection ONLY			根據《消防（裝置及設備）規例》第八條(1)(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。 In accordance with Regulation 8(1)(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.		
編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
23	消防喉轆	G/F-1/F	符合消防處規定	08/05/2026	07/05/2027

