45/FO/EA/01/E

Application for Building Plan Approval
HOSPITALS

For office use

No. of Copies (03 Sets)	
Consultant's Endorsement	
Company Endorsement	

Remarks

1. Project

(a) Project Name/Company Name ……
……..
(b) Project Activity/Scope ……..
……..
(c) New/Existing/Expansion/Revision……..
(d) Relevant BOI Approval …… (Ref. No.)
Date : ……
(e) Relevant BOI Agreement …… (Ref. No.)
Date : ……
(f) Date of UDA/Local Authority Approval ……
Ref.: No.:……..

2. Location

(a) Address : ……..
(b) Local Authority : ……
(c) Extent of the Land : ……
(d) Survey Plan Ref……..

3. Building Data

(a) No. of Beds as per the Project Agreement ……..
(b) No. of Parking Lots ……..

Details of Floors		
Floor	Activity	Floor Area

We certify that the data given here is extracted from the drawings submitted herewith *

Consultant	**Address**	
Signature (with the seal)		
Name:		
Contact No.	**Fax**	**Date**

Authorized signatory on behalf of the Company	**Address**	
Signature (with the seal)		
Name:		
Contact No.	**Fax**	**Date**

Project Coordinator/Contact Person
Name:
Contact No:

**Submission Requirements*
(a) Site Plans (1:500, 1:1000) (03 Sets)
(b) UDA/Local Authority Approved Plans/Sections/Elevations (1:100, 1:200) (03 sets)
All these shall be certified by a Chartered Architect/Chartered Engineer
(c)Copy of Building Permit from UDA/Local Authority
(d) Copy of Survey Plan