45/FO/EA/01/E

Application for Building Plan Approval **HOSPITALS**

1. Project

>		
(a)	Project Name/Company Name	Remarks
(h)	Project Activity/Scope	
(0)	Troject Activity/Scope	
(c)	New/Existing/Expansion/Revision	
	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		
		(m ²)		

Project Coordinator/Contact Person Name:

Contact No:

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	Address	

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

*Submission Requirements

(a) Copy of UDA/Local Authority approved Survey Plan

(b) UDA/Local Authority Approved;

- Site Plans (1:500, 1:1000) (03 Sets) and

- Floor 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

*All plans to be provided in 04 sets if the project is located within a BOI EPZZ

For office use

No. of Copies	
Consultant's Endorsement	
Company Endorsement	

Remarks			