For office use

No. of Copies

Applicat	ion For B	uilding l	Plan Appr	oval
FARM	BUILDI	NGS		

					Consultant's Endorsement		
Project			Compan	ny Endorsement			
Project Name/C	ompany Nam	e		Remarks	S		
	-						
		vision					
	-						
Date :			· · ·				
-	•		(Ref. No.)				
Date of UDA /Lo		 Approval					
•	-						
Location							
(b) Local Autho	rity :						
(c) Extent of the	e Land :						
(d) Survey Plan	Ref						
(e) No. of Work	•				iven here is extra	cted from	
			drawings subm	nitted here	with *		
Female:			Consultant		Address		
					11dd1 055		
Building Data			Goilbartaire				
Building Data (a) Total No. of	occupants of t	the Building	Gondaran				
(a) Total No. of (i) Male	·····						
(a) Total No. of (i) Male			Signature (wit	h the seal)			
(a) Total No. of (i) Male (ii) Fem	ale			h the seal)			
(a) Total No. of (i) Male	·····	Floor Area		h the seal)			
(a) Total No. of (i) Male (ii) Fem	ale			h the seal)			
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area		h the seal)			
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (wit	h the seal)	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (wit	h the seal)		Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (with Name: Contact No.		Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (with Name: Contact No.	ignatory		Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (with Name: Contact No. Authorized son behalf		Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Name: Contact No. Authorized son behalf Company	ignatory of the	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Signature (with Name: Contact No. Authorized son behalf	ignatory of the	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Name: Contact No. Authorized son behalf Company	ignatory of the	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Name: Contact No. Authorized son behalf Company	ignatory of the	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Name: Contact No. Authorized son behalf Company Signature (with	ignatory of the	Fax	Date	
(a) Total No. of (i) Male (ii) Fem	ale	Floor Area	Name: Contact No. Authorized son behalf Company	ignatory of the	Fax	Date	

Project Coordinator/Contact Person

Name:

Contact No:

(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