

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT:- PERMISSION FOR DRAINAGE CONNECTION													
Token Number	(For Office Use)										<u> </u>	
	<u> </u>												
						Date	e: -		/	/			
Citizen Ident	ification Numb	er											
(If Citizen Identification Number is given, do not fill below Details)									I				
Applicant's Details:													
Last Name/ Surname		Name					Father/Husband's Name						
Details of Society	(If Application	from So	ociety):										
Name Of Society:			-										
Designation													
Address:													
Head		Information											
House/Building/	House/Building/Soc. Name:												
Flat/Block/Barrac	ck No.:	Wing/Floor:											
Road/Street/Lane	2:				1								
Area/Locality/Town/City:							Taluka:						
Pin code:													
Ward Committee No.: 1] 2[]	3[]4	[]	1	<u> </u>	I						
Electrol Panel No.	:												
Telephone No. (if any):		Contact Person:											
Email Address (if any):													
		Inf	ormatic	on of P	ropert	ty:							
Hea							formation						
Type of P	[] Land [] Building												
(Please Tick [✓] as	applicable)				1		1		I	1	1	1	
Property Number (Computerized)													
Name of Original owner					I	1	1	1	I	1	<u>l</u>	1	
Name of the Power of attorney													
holder (if any):													
Town/City:		Taluka:											
Survey/Block/Barrack No.:													
C.T.S. No.:													
Part No./Sheet No.:													
Plot No./Unit No.													

	N	ecessary Part	iculars a	bout ab	ove serv	ice:					
	Head	Information									
1	Address of Property										
			Pin								
	Necessary Enclos	to above	applicat	tion are	enclosed	as unde	er.				
	(Please tick [✓] for YES or tick [X] for NO)										
1	Various source of Parilding and						Yes/No				
1	Xerox copy of Building permission and plan approved by UMC []										
2	2 Location map for drainage arrangement duly signed by license plumber							[]			
3	Latest receipt of tax bill paid (For Old Construction)							[]			
	Declaration										
	I/Westate on solemn affirmation										
	that the above information is true and correct to the best of my/our knowledge. If the										
	information given is found wrong then I/We shall be held legally liable for its consequences.										
	I/We am/are agreed to terms and conditions of corporation for above permission.										
	Date:-			1		-		ture			
	Date:- Applicant's Signature										
			()		
	The document may please be delivered to: 1. Self/Nominated Person [] a) C.F.C. [] b) Camp No. []										
	Name of Nominated Person ()										
2. By Post											
	a) U.P.C. [] b) Register A.D. []										
	3. Courier []										
	(Not to be filled if address is same as above)										
	Correspondence Address	:-									
	Last Name/ Surname N					Father/	Husban	band Name			
	House/Building/Soc. Name:										
	Flat/Block/Barrack No.: Wing/Floor:										
	oad/Street/Lane:					·					
	Area/Locality/Town/City: Taluka:										
	n code:										
Eı	mail Address (if any):										