



ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT: PERMISSION FOR CLOSING OF BALCONY

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information	
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Ward Committee No.:	1 [] 2 [] 3 [] 4 []	
Electrol Panel No.:		
Telephone No. (if any):	Contact Person:	
Email Address (if any):		

Information of Property:

Head	Particulars
Name of original owner	
Name of 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.:	
Road/Street/Lane:	
Ward Committee No.	1 [] 2 [] 3 [] 4 []
Property No. (Computerized)	

Necessary Particulars about above service:

Head		Particulars		
1	Construction Permission No.		Date:	
2	Construction Completion Certificate No.		Date:	
3	Building No.			
4	Flat No.			
5	Total number of Flats in a Building			
6	Number of Balconies to be enclosed		Area (Sq.Mtr.)	

Necessary Enclosures related to above application are enclosed as under.

(If enclosed tick [✓] or not enclosed tick [X])

Enclosures		Yes/No
1	Maps showing balconies to be enclosed (4 copies)	[]
2	Certified copy of the Occupation / Construction Completion Certificate and map of completed construction	[]
3	NOC From , a) Society, if society is in existence b) Developer, if society is not in existence	[]
4	Certificate from the Structural Engineer	[]

Declaration

I/We.....state on solemn affirmation that the above information is true and correct with the best of my knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

Date:-

Applicant's Signature

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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	Name	Father/Husband Name
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Email Address (if any):		