



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT: ISSUE OF REVISED BUILDING CONSTRUCTION  
PERMISSION / BUILDING COMMENCEMENT CERTIFICATE**

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	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	
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.:	

Area of Land (sq.mtr.)						
Road/Street/Lane:						
Ward Committee No.:		1 [ ] 2 [ ] 3 [ ] 4 [ ]				
<b>Necessary Particulars about above service:</b>						
Head		Particulars				
1	Name of licensed Architect/ Engineer	Surname	Name	Father/Husband's Name		
2	Address of licensed Architect/ Engineer					
		Pin:				
3	License Number of Architect			Date:		
4	Type of Construction permission (Tick [ <input checked="" type="checkbox"/> ] whichever applicable)	<input type="checkbox"/> Residential <input type="checkbox"/> Non Residential/ Commercial <input type="checkbox"/> Mix				
5	Details of previously sanctioned construction permission	Number		Date:		
6	Total area of the building (in sq. mtr.) (including area of revised additional construction)	Total		Earlier	Additional	
7	Total number of residential flats in the proposed building (as per previous permission)					
8	Total number of flats (As per revised plan)					
9	Total number of residential flats (As per revised plan)					
10	Number of non-residential galas / shops (As per revised plan)					
11	Details about usage of TDR (if any)					
	Sr.No.	TDR letter No.	Date of TDR letter	Area		
				Reservation	Road	Total
	1					
	2					
	3					
	4					

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

## Declaration

**Applicant's Signature**

$$(\quad)$$

**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):								