

**DEVELOPMENT PERMIT DIVISION
BUILDING PLANS ASSESSMENT FORMAT**

A. DOCUMENTATION

- i. Title Document: _____
- ii. Name of developer: _____
- iii. Address: _____
- iv. Phone No.: _____
- v. District/Cad. Zone/plot no: _____
- vi. Letter of Allocation: _____
- vii. Right of Occupancy: _____
- viii. Certificate of Occupancy: _____
- ix. TDP: _____
- x. Contoured Site Plan: _____
- xi. Customary Certificate of Occupancy: _____
- xii. Plans Submitted
 - Site Plan: _____
 - Architectural: _____
 - Structural Design: _____
 - Electrical: _____
 - Mechanical _____
- xii. Other Documents
 - Soil Test: _____
 - Structural Calculation: _____
 - EIAR: _____
 - Fire Service Report: _____
 - Police Report: _____
- xiii. Status of title: Revoked [] Not Revoked [] Not confirmed []
Remarks: _____ Name of Officer: _____
Rank: _____ Date _____/_____/20____

B. PLAN ASSESSMENT

B1. Planning Checklist

- Land use: _____ In conformity () Not in conformity ()
- Purpose clause: _____ In conformity () Not in conformity ()
- Plot size: _____ In conformity () Not in conformity ()
- Density: _____ In conformity () Not in conformity ()
- No. of buildings: _____ In conformity () Not in conformity ()
- No. of families: _____ In conformity () Not in conformity ()
- No. of floors: _____ In conformity () Not in conformity ()
- % of building coverage: _____ In conformity () Not in conformity ()

Setbacks

- Building Line for street:
(a) $\frac{1}{5}$ depth of the smallest plot (b) Existing street corridor
- Front set back: _____ Adequate () Not Adequate ()
- Side set back: _____ Adequate () Not Adequate ()
- Rear set back: _____ Adequate () Not Adequate ()
- Inter building set back: _____ Adequate () Not Adequate ()
- No. of parking spaces (compute the parking requirement): _____
- Entrance provision: _____
- Gate house/generator position: _____
- Professional stamp: _____

Remarks: Recommended [] Not recommended [] Not confirmed []

Name of Vetting Officer: _____

Signature: _____ Rank: _____ Date: Date ____/____/20____

Name of Countersigning Town Planning Officer: _____

Signature: _____ Rank: _____ Date: Date ____/____/20____

C. EIA DETAILS

- Project Description: _____
- Source of Raw Materials: _____
- Construction Duration: _____
- Waste Generation (Source, Quantity & Quality) at various stages: _____

- Solid wastes: _____
- Liquid wastes: _____
 - Noise: _____
 - Gaseous: _____
 - Toxic wastes: _____
- Anticipated Impacts at various stage: _____
 - Traffic Implications: _____
 - Solid Wastes: _____
 - Liquid Wastes: _____
 - Noise: _____
 - Gaseous: _____
 - Etc
 - Other Impacts:
 - Social: _____
 - Economic: _____
- Waste Treatment and Disposal Method(s): _____
- Assessment Technique & Rating: _____
- Mitigation Measures: _____
- Environmental Monitoring Plan: _____
- General Remarks: _____
- _____
- _____

Recommended [] Not recommended [] Reviewer []

Name of EIA Reviewing Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

D. ARCHITECTURAL CHECKLIST

- Design concepts: _____
- Functionality of Design: _____
- Detailed / Complete Working Drawings: _____
- Circulation in Building: _____
- Functional in space provision: _____
- Ventilation Provision: _____
- Landscape Design: _____
- Windows / Doors schedule & Specifications: _____

- Fence Design: _____
- Architect Practice Licence: _____
- Architect Registration Council (Arcon Stamp / Seal): _____
- Staircase / Corridors: _____
- Design Scale: _____

General Remarks: _____

Remarks: Recommended [] Not recommended [] Not confirmed []

Name of Vetting Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Name of Countersigning Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

E. ENGINEERING

Structural Checklist

- Foundation layout with section to show the depth: _____
- Foundation details: _____
- Staircase details (plan and section): _____
- Column details: _____
- Floor slab general layout and details: _____
- Beam general layout and details: _____
- Roof beam general layout and typical section: _____

FOR BUILDING WITH BASEMENT STRUCTURES

- Retaining wall details: _____
- Details of truss system for medium and high rise buildings: _____

COREN SEAL

- Wind analysis for high rise building only: _____

Remarks: Recommended [] Not recommended [] Not confirmed []

Name of Vetting Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Name of Countersigning Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Electrical Checklist

- Site plans (Lighting and cable route layouts): _____
- Lighting point layout for all floors plans: _____
- Power, Telephone, TV, Point's layout for all floor plan: _____
- Balanced load schedule and respective schematics diagram: _____
- Load summary and general distribution diagram: _____
- Fire detection / alarm layout for all floor plans (above 3 suspended) with respective schematics diagrams: _____
- COREN seal: _____

Remarks: Recommended [] Not recommended [] Not confirmed []

Name of Vetting Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Name of Countersigning Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Mechanical Checklist

- Site plan layout: _____
- Floor plan layout for drainage connection: _____
- Floor plan supply: _____
- Floor plan fire fighting service: _____
- Floor plan layout air conditioning service: _____
- Lift design calculation: _____

- COREN seal: _____

Remarks: Recommended [] Not recommended [] Not confirmed []

Name of Vetting Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Name of Countersigning Officer: _____

Signature: _____ Rank: _____ Date: ____/____/20____

Summary of Engineering Comments:

Recommendation: _____

RECOMMENDED: OPEN FILE

NOT RECOMMENDED: RETURN SUBMISSION TO APPLICANT FOR AMENDMENT