



ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT: LAYOUT APPROVAL

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:	
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 []

Necessary Particulars about above service:

Head		Particulars			
1	Name of the Company of Architech/Engineer				
2	Name of licensed Architect/ Engineer	Surname	Name	Father/Husband's Name	
3	Address of licensed Architect/ Engineer				
		Pin			
4	License Number of Architect			Date:	
5	Type of plan / layout for approval	<input type="checkbox"/> Residential <input type="checkbox"/> Non Residential/Commercial <input type="checkbox"/> Mix			
6	Whether natural flow of nalla or its signage are observed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7	(Fill if answer of Sr. 6 is 'Yes') Whether any arrangement is proposed to drain out water in the right / proper direction ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8	(Fill if answer of Sr. 7 is 'Yes') Proposed arrangements. (Write measurements in meters)	Proposed ground level			
		Proposed top level of nalla			
		Proposed top (width) of nalla			
		Proposed bottom (width) of nalla			
		Proposed plinth level			
		Proposed formation level			
9	Total number of buildings mentioned in layout				

Necessary Enclosures related to above application are enclosed as under.

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

Enclosures		Yes/No
1	Attachment for Layout Approval (Appendix 'A' of D.C. Rules)	[]
2	Certificate of architect (Appendix 'B' of D.C. Rules)	[]
3	7/12 Extract of land within 3 months period from the date of application / Extract of Property Register Card	[]
4	Extract of all mutations taken place from 1/4/1957	[]
5	Certificate issued by Competent authority for revoking the conditions on land for conditional land.	[]
6	Title & Search Report from competent Advocate	[]

7	One Tracing & Two Amonia copies of the measurement map issued by the TILR showing boundries of the land regarding latest Hissa Number. / Latest measurement map form the office of District Land Record.	[]
8	One tracing & Two Amonia copies of Hissa wise - Gutbook extract from TILR	[]
9	If applicant's area is less than ceiling limits then affidavit on Rs.20/- stamp paper mentioning the same.	[]
10	If applicant's area is above ceiling limits then order and map issued under ULC Act .	[]
11	If applicant is not owner then Power of Attorney of the original owner	[]
12	Assurance letter for handing over the area; covered under various reservations of Development Plan and DP Roads, to Corporation.	[]
13	Seven copies of map prepared by licensed Architect/Engineer & duely signed by Owner/Power of attorney holder.	[]
14	Appointment letter of licensed Architect/Engineer issued by owner	[]
15	Acceptance letter of Licensed Architect/Engineer	[]
16	Three copies of map showing proposed gutter & nalla for Stromwater Drainage Department	[]
17	Three copies of map showing proposed building construction & surrounding area for Underground Drainage Department.	[]

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):		