



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:- VARIOUS NOC & PERMISSIONS FROM MARKET DEPARTMENT**

Token Number (For Office Use)

Date:-  /  /

Citizen Identification Number

(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: <input type="text"/>
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka: <input type="text"/>
Pin code:	<input type="text"/>
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person: <input type="text"/>
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	<input type="text"/>
Town/City:	Taluka: <input type="text"/>
Survey/Block/Barrack No.:	
C.T.S. No.:	
Part No.:	
Plot No./Unit No.:	
Area of Land (sq.ft.)	
Road/Street/Lane:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]

**Necessary Particulars about above service:**

Head		Particulars							
1	Address of Business								
		Pin							
2	Name of Business								
3	Nature / Type of Business	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanant							
4	Number of the Ward committee where business is proposed	1	[ ]	2	[ ]	3	[ ]	4	[ ]
5	Name of competent officer & address								
6	Reason for requirement of NOC								

**Necessary Enclosures related to above application are enclosed as under.**

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

Enclosures		Yes/No
1	Copy of the construction completion certificate / usage permission along with approved map	[ ]
2	Consent letter (Any one of the following) a. Proof showing that the applicant is owner of the business place OR b. No objection certificate from Owner on Rs.20/- Stamp Paper, (If the applicant is tenant)	[ ] <b>OR</b> [ ]
3	Internal map of business place	[ ]
4	Location Map	[ ]
5	NOC from Fire Brigade	[ ]
6	Indemnity bond in specified format on stamp paper of Rs. 20/-	[ ]
7	Copy of Profession Tax registration certificate	[ ]
8	Copy of Registration Deed, for the partnership firm	[ ]

**Declaration**

I/We ..... state 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.

**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	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):		