## APPENDIX 'G'

## FORM FOR COMPLETION CERTIFICATE

To,	
The Authority,	
Planning Authority / Collector	
Sir,	
I hereby certify that the erection / re-erection or part / full development work in / on building / part building No Plot No Revenue S.No / Gat No / Khasara No / City Survey No / Final Plot No, Mouje has been supervised by technical person and has been completed on without any departures of substantial nature according to the plans sanctioned, vide office communication No dated The work has been completed as per sanctioned plan. No provisions of the Act or the building Regulations, no requisitions made, conditions prescribed or orders issued thereunder have been transgressed, except * a few changes made within the internal layout of residential or commercial units, which do not violate FSI or other regulations, in the course of the work. I am enclosing three copies of the completion plans. The building is fit for occupancy for which it has been erected / re-erected or altered, constructed and enlarged.**  (1) All premium charges which are permitted to be paid in instalments with interest as per Regulation No.2.2.14 are fully paid.  I have to request you to arrange for the inspection & grant permission for the occupation of the building.	
	Yours faithfully
	(Signature of Owner)
Encl : As above.	Name of Owner (in Block Letters)
Date:	
	Signature and name of Architect / Licensed Engineer / Supervisor
* Wherever applicable.  ** Delete whichever is not applicable.	

<sup>(1)</sup> Inserted vide Corrigendum / Addendum No. CR 121/21, dt. 02<sup>nd</sup> December, 2021.

## APPENDIX 'H'

## FORM FOR FULL / PART OCCUPANCY CERTIFICATE

Office No.	Date
To,	
i) Owner:	
ii) Architect, Licensed Engineer , Structural	Engineer / Supervisor :
Sir,	
Plot No Revenue S.No / CFinal Plot No, Mouje	-erection / or alteration in of building / part building No Gat No / Khasara No / City Survey No / completed under the supervision of
Supervisor / License No	Architect / Licensed Engineer / Structural Engineer / may be occupied on the following conditions.
1	
A set of certified completion plans is retu	urned herewith
Encl: As above.	
Office Stamp	Yours faithfully,
Office Stamp	•
	Authority or an officer appointed by it
(Specimen of Stamp to be marked on the plan)	
OFFICE OF THE **	OFFICE OF THE **
Letter No Date :	Letter No Date :
OCCUPATION GRANTED	PART OCCUPATION GRANTED
Signature of the Authority	Signature of the Authority

<sup>\*\*</sup> Name of the Municipal Corporation / Council / Nagar Panchayat / Collector shall be mentioned.