

CHECK LIST**APPROVAL OF BUILDING PLAN
ON LEASE OUT PLOTS**

| | | |
|-------|--|--------------------------|
| i. | Copy of registered Sale deed duly attested by Notary Public. | <input type="checkbox"/> |
| ii. | Copy of CNIC of Lessee/attorney duly attested by Notary Public. | <input type="checkbox"/> |
| iii. | Affidavit on stamp paper worth Rs. 50/- regarding no dispute/litigation against the property in question duly attested by Notary Public. | <input type="checkbox"/> |
| iv. | Form A&B which are available in CB Office/website. | <input type="checkbox"/> |
| v. | Building Plan in original on tracing cloth alongwith 4 x ammonia prints. | <input type="checkbox"/> |
| vi. | Structure stability Certificate for commercial 5 Marla & above. | <input type="checkbox"/> |
| vii. | In case of Basement/Lower Ground Floor/, NOC on stamp paper worth Rs. 30/- from the lessees of neighboring buildings duly attested by Notary Public. | <input type="checkbox"/> |
| viii. | If attorney involved, copy of attorney duly attested by Notary Public. | <input type="checkbox"/> |
| ix. | Copy of paid receipt of T.I.P Tax. | <input type="checkbox"/> |
| x. | Copies of receipt of CB. dues upto date, if any. | <input type="checkbox"/> |
| xi. | Updated Color Google Image shown therein the street and surrounding area. | <input type="checkbox"/> |
| xii. | Wah Cantt is include in seismic zone 2(B), so building should preferably be of frame structure for the safety of life and property. | <input type="checkbox"/> |
| xiii. | 3x Snaps of the plot from different angles. | <input type="checkbox"/> |
| xiv. | Setback for commercial plot shall be is as under: Authority CBR No. 10 dated 29/01/2016 | <input type="checkbox"/> |

| S # | Area of Plot | Set Back / Carparking area to be left | |
|-----|------------------------------|---------------------------------------|----------------|
| | | 1. | Upto 5 Marla's |
| 2 | Above 5 Marla to 10 Marla's | 10 Feet | -do- |
| 3 | Above 10 Marla to 15 Marla's | 12 Feet | -do- |
| 4 | Above 15 Marla's | 15 Feet | -do- |

CB Wah Representative

Name: _____

Signature: _____

Date: _____

Applicant's Name: _____

CNIC No. _____

Cell No. _____

Signature: _____

(APPLICANT'S COPY)**CB Wah Representative**

Name: _____

Signature: _____

Date: _____

Form No. _____

Please Contact after 07 days on Phone No. _____