

CHECKLIST FOR APPLICATION FOR THE ISSUANCE OF OCCUPATION PERMIT

To: <hr/>	Date:																																																								
B.P. No.																																																									
P/s Tick (✓) where applicable	OFFICIAL USE																																																								
Yes	A N/A																																																								
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See Reverse>

- *(a) I, the Submitting Person hereby confirm that all the information and documents as listed above are correct and in order.
- (b) I, the Submitting Person hereby confirm that all works on site have been completed in accordance with the approved Building Plans.

Signature :

LAM/LJM. Reg. and Stamp	FOR OFFICIAL USE (Signature and Chop)
	Date:

** **A** - **Applicable**
 N/A - **Not Applicable**

B.P. No:

Project Title:

4cm

4.5cm

3R Photo

1.5cm

Description

3R Photo

1.5cm

Description:

Signature :

LAM/LJM Reg.No. & Stamp

Name of Submitting Person:.....