



FORM ZP-1  
PRICE RS.25/-

## SINDH BUILDING CONTROL AUTHORITY

(AUTHORITY UNDER SIND BUILDING CONTROL ORDINANCE 1979)

Web Site: [www.sbca.gos.pk](http://www.sbca.gos.pk)

E-mail: [sbca@sbca.gos.pk](mailto:sbca@sbca.gos.pk)

### APPLICATION FOR SUBMISSION OF PROPOSED/REVISED/ADDITION/ALTERATION BUILDING PLAN

The Director General  
Sindh Building Control Authority  
Karachi.

Sir,

1. In pursuance of the provision of the Sindh Building Control Ordinance 1979 as amended up-to-date, I hereby apply for permission to erect/re-erect/mark additions and or alterations in Building on

- |    |                    |       |                          |
|----|--------------------|-------|--------------------------|
| a. | Plot No.           | _____ | <input type="checkbox"/> |
| b. | Block / Sector No. | _____ | <input type="checkbox"/> |
| c. | Category of Plot.  | _____ | <input type="checkbox"/> |
| d. | Area of Plot.      | _____ | <input type="checkbox"/> |
| e. | Scheme.            | _____ | <input type="checkbox"/> |
| f. | Status of Plot     | _____ | <input type="checkbox"/> |

In accordance with building plans enclosed herewith (Three copies) for approval.

2. Description of Plans.
- |    |   |       |                          |
|----|---|-------|--------------------------|
| a. | Type of Plan (Prop/Revised/Addition/Alteration).            | _____ | <input type="checkbox"/> |
| b. | Previous approval (if any).                                 | _____ | <input type="checkbox"/> |
| c. | Court case/ Litigation relating to the above plot (if any). | _____ | <input type="checkbox"/> |
|    | i. Court Case No.   | _____ | <input type="checkbox"/> |
|    | ii. Court's of  | _____ | <input type="checkbox"/> |

3. Description of the proposed construction
- |    |  |                   |                          |
|----|--|-------------------|--------------------------|
| a. | Type of Buildings.                           | _____             | <input type="checkbox"/> |
| b. | Total Floor Area.                            | _____             | <input type="checkbox"/> |
| c. | No. of Floors                                | _____             | <input type="checkbox"/> |
| d. | No. of Units (for public sale projects only) | _____             | <input type="checkbox"/> |
| e. | Car Parking Space                            | _____ Sft.(Sq.m). | <input type="checkbox"/> |
| f. | Area of Amenity Space                        | _____ Sft.(Sq.m). | <input type="checkbox"/> |

4. Particulars of licenced Professionals employed to prepare the plan and supervise work (attach separate sheet if required)
- a. Name\_\_\_\_\_
  - b. Licence No./Professional Registration No. from the Concerned Council\_\_\_\_\_
  - c. N.I.C. NO.\_\_\_\_\_
  - d. Mailing & Permanent Address/Telephone No.\_\_\_\_\_
  - e. Office Address & Telephone No.\_\_\_\_\_
5. Whether the project is Intended for public sale?  
YES/NO.\_\_\_\_\_
6. LIST OF THE DOCUMENTS TO BE ATTACHED (PHOTO COPIES) DULY ATTESTED BY THE PROFESSIONAL). Please tick.


Lease Deed / Sale Deed, Allotment order, Mutation / Transfer order / Extract.  
Possession Order.  
Acknowledgement of Possession  
Site Plan  
NOC from society / lessor (where applicable)  
N.I.C.  
Mr./Mrs./Miss\_\_\_\_\_ S/o, W/o, D/o.\_\_\_\_\_  
(Professional name)


License No. / Registration NO.\_\_\_\_\_ is hereby authorized by me to complete relevant requirement in this regard under Sindh Building Control Ordinance, 1979 and amendments upto date and regulations framed thereunder for and on my behalf.

Yours faithfully,

SIGNATURE:\_\_\_\_\_

Name of Owner/Attorney\_\_\_\_\_

N.I.C. No.\_\_\_\_\_

(Attached Copy)

E-Mail:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

Permanent Address & Telephone No.\_\_\_\_\_  
\_\_\_\_\_

ARCHITECT / BUILDING DESIGNER

ENGINEER

1. Signature of Professional\_\_\_\_\_

2. Name of Professional\_\_\_\_\_

3. Lic. No.\_\_\_\_\_

4. N.I.C. No.\_\_\_\_\_

5. Mailing Address:\_\_\_\_\_

\_\_\_\_\_

1. Signature of Professional\_\_\_\_\_

2. Name of Professional\_\_\_\_\_

3. Lic. No.\_\_\_\_\_

4. N.I.C. No.\_\_\_\_\_

5. PEC No.\_\_\_\_\_

6. Mailing Address:\_\_\_\_\_

\_\_\_\_\_

**(UNDERTAKING FORM PROFESSIONAL)**

I, Mr. /Mrs./Miss. \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_

License/Regn.No. \_\_\_\_\_ Architect/Engineer/Town Planner/Building Designer) mailing  
address \_\_\_\_\_ Phone No. \_\_\_\_\_

Fax No.(if any) \_\_\_\_\_ do hereby undertake.

1. That I have been assigned by (Owner/Attorney) Mr./Mrs./M/s. \_\_\_\_\_  
for the planning, designing and supervision of construction works of Project name, (if any) located on  
plot No. \_\_\_\_\_

(Complete Address)

2. That I have done planning and design in respect of the above noted plot according to the Karachi  
Building & Town Planning Regulation-2002.

3. That I will supervise the construction work through all stages of execution as per the Regulation.

4. That I will not make change in the approved Design and specifications except as provided in the  
regulations.

5. I / We undertake to ensure that no deviation from the approved building plan shall take place and  
in case the owner insists thereon. I / We shall inform SBCA, in due course of time about the deviation for  
taking necessary action under provision of Karachi Building & Town Planning Regulations-2002.

6. That I / We under the Provision of Section 7(3) & 7(4) of SBCO 1979 are responsible for the safe  
and sound construction of the building.

7. I / We also undertake that if the work is started prior to approval of Building Plan or if I / We  
discontinued supervision of work. I / We shall give immediate intimation thereof to you as specified under  
section 3-1.5.2. of Karachi Building & Town Planning Regulations-2002. In case of violation of any of the  
above clauses suspension or cancellation of my / our licences together with any other penalty as prescribed  
under the Karachi Building & Town Planning Regulation-2002 may be processed in terms of SBCO-1979  
amended and the rules framed thereunder.

**ARCHITECT / BUILDING DESIGNER****ENGINEER**

1. Signature of Professional \_\_\_\_\_

1. Signature of Professional \_\_\_\_\_

2. Name of Professional \_\_\_\_\_

2. Name of Professional \_\_\_\_\_

3. Lic. No. \_\_\_\_\_

3. Lic. No. \_\_\_\_\_

4. N.I.C. No. \_\_\_\_\_

4. N.I.C. No. \_\_\_\_\_

5. PEC No. \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_

6. Telephone No. \_\_\_\_\_

7. Telephone No. \_\_\_\_\_

7. E-mail \_\_\_\_\_

8. E-mail \_\_\_\_\_

8. Date \_\_\_\_\_

9. Date \_\_\_\_\_