

**C I R C U L A R - 137**

**Date:** March 22, 2009

**Ref:** ZADC/GEN/MEB/gs-055

**TO :** ALL CONSULTANTS / CONTRACTORS

**SUBJECT:** REVISED BUILDING COMPLETION CERTIFICATE APPLICATION

With reference to the above subject, please find **attached** the revised Building Completion Certificate Application (**Form #: ZADC 17**) **Rev: 2 issue date: 19/03/2009**.

Kindly be informed that in Rev:2 we have included one more requirement in the Documents required section (Compliance Certificate From Main (lead) Consultant). Please note that **Rev:1 of (Building Completion Certificate Application) is obsolete** and shall not be accepted by the Zoning Authority.

This is for your kind information and necessary action.

Thanking you,

For, and on behalf of  
**DUBAI TECHNOLOGY AND MEDIA  
FREE ZONE AUTHORITY – DTMFZA**

**Attachments:** (Form No: ZADC -17)

**Cc:** ZADC

**BUILDING COMPLETION CERTIFICATE APPLICATION**

<b>PROJECT NAME:</b>	(TO BE FILLED BY ZONING AUTHORITY)
<b>PLOT NO.:</b>	
<b>CONSULTANT:</b>	<b>TRACKING NO.:</b>
<b>CONTRACTOR:</b>	

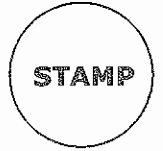
**SUBMISSION DETAILS:**     INITIAL SUBMISSION     RE-SUBMISSION

**DOCUMENTS REQUIRED**

- |   |  |
|---|--|
| <input type="checkbox"/> COPY OF VALID BUILDING PERMIT          | <input type="checkbox"/> COMPLIANCE CERTIFICATE FROM MAIN (LEAD) CONSULTANT (ORIGINAL)               |
| <input type="checkbox"/> COPY OF STRUCTURAL INSPECTION LOG      | <input type="checkbox"/> COMPLIANCE CERTIFICATE FROM MEP CONSULTANT (ORIGINAL) IF APPLICABLE         |
| <input type="checkbox"/> COPY OF BLOCK REGISTRATION LOG         | <input type="checkbox"/> APPROVAL OF SEWERAGE CONNECTIONS [FORMS NO.: ZADC 55]                       |
| <input type="checkbox"/> COPY OF DEWA FINAL INSPECTION COMMENTS | <input type="checkbox"/> COMPLIANCE CERTIFICATE FROM RELEVANT TELECOM OPERATOR                       |
| <input type="checkbox"/> CIVIL DEFENSE CERTIFICATE (ORIGINAL)   | <input type="checkbox"/> NOC FROM OWNER TO ISSUE COMPLETION CERTIFICATE (ORIGINAL)                   |
|   | <input type="checkbox"/> COPY OF FEE RECEIPT (AS PER FEE MATRIX APPLICABLE ON THIRD REQUEST ONWARDS) |

**REQUESTOR DETAILS**

<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE:</b>	<b>EMAIL:</b>
<b>TEL:</b>	<b>FAX:</b>
	<b>MOB:</b>



**FOR ZONING AUTHORITY USE**

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FORWARDED TO:  COMMITTEE DATE FORWARDED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMMITTEE RECOMMENDATION(S):**

- OBJECTION     NO OBJECTION     NO OBJECTION WITH COMMENTS

COMMITTEE MEMBER 1	COMMITTEE MEMBER 2	COMMITTEE MEMBER 3
<b>NAME:</b> .....	<b>NAME:</b> .....	<b>NAME:</b> .....
<b>SIGNATURE:</b> .....	<b>SIGNATURE:</b> .....	<b>SIGNATURE:</b> .....
<b>DATE:</b> .....	<b>DATE:</b> .....	<b>DATE:</b> .....