

PRE-CONSULTATION APPLICATION FORM ON SEWERAGE MATTER

Date: 17/09/2019

To: PUB

Building Plan Unit
PUB
40 Scotts Road #15-01
Environment Building
Singapore 228231

Instructions

1. This form is to be digitally signed by the Qualified Person responsible for the works.
2. This form is to be accompanied by the relevant attachments.

Particulars of Project

Project Reference Number	<input type="text"/>
Project Title	<input type="text"/>
Location Description [Include Lot/Plot, MK/TS, House No, Building Address and Road information]	<input type="text"/>

Particulars of Application

Department File Reference Number(if applicable)	<input type="text"/>
Subject	<input type="text"/>

Particulars of Qualified Person

Name	<input type="text" value="Please Select"/>
Role In Project	<input type="text"/>
Registration No	<input type="text"/>
Firm Name	<input type="text"/>
Firm Address	<input type="text"/>
Telephone No	<input type="text"/>
Extension No	<input type="text"/>

Particulars of Qualified Person (Continue)

Email Address	<input type="text"/>
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Attachments

Others, please specify	<input type="text"/>	<input type="checkbox"/>
<input type="button" value="Add"/> <input type="button" value="Delete"/>		