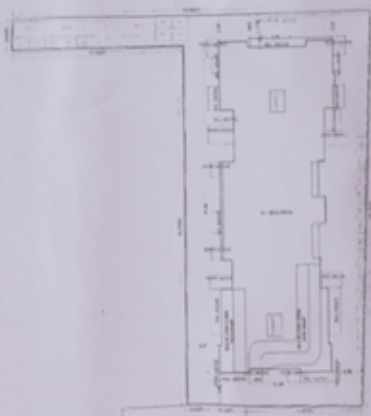


Disclaimer: AutoDCR is an input based software tool used by Municipal Corporations but the final approval lies with concerned Officer / Authority.



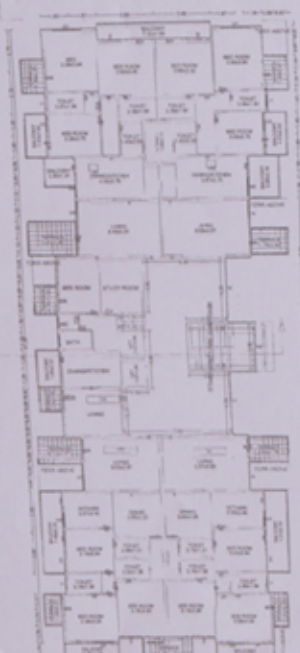
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2010	2011	2012	2013	2014
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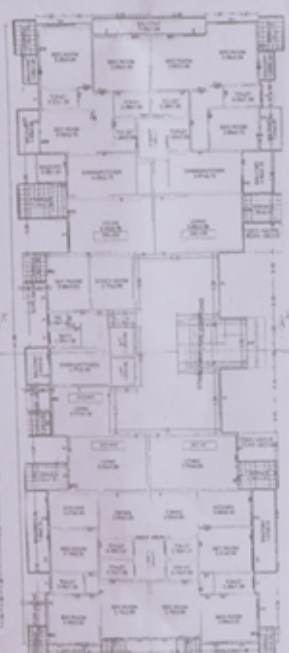
SITE PLAN

Charge	Rate
1-10	\$1.25
11-20	\$1.50
21-30	\$2.00
31-40	\$2.50
41-50	\$3.00
51-60	\$3.50
Over 60	\$4.00

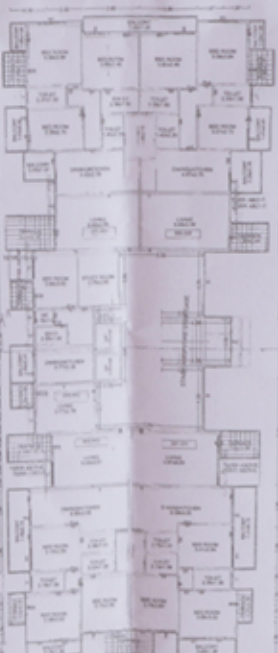
SEAL OF APPROVAL

LOWER GROUND FLOOR PLAN

FIRST FLOOR PLAN



TYPICAL - 2 & 4 FLOOR PLAN



TYPICAL - 34th FLOOR PLAN

TERRACE FLOOR PLAN

1. NAME John Doe
 2. DATE 10/10/2023
 3. TIME 10:00 AM
 4. LOCATION Room 101
 5. REASON Medical Emergency
 6. WITNESSES John Doe, Jane Smith
 7. SIGNATURE [Signature]
 8. DATE 10/10/2023
 9. TIME 10:00 AM
 10. LOCATION Room 101
 11. REASON Medical Emergency
 12. WITNESSES John Doe, Jane Smith
 13. SIGNATURE [Signature]
 14. DATE 10/10/2023
 15. TIME 10:00 AM
 16. LOCATION Room 101
 17. REASON Medical Emergency
 18. WITNESSES John Doe, Jane Smith
 19. SIGNATURE [Signature]
 20. DATE 10/10/2023
 21. TIME 10:00 AM
 22. LOCATION Room 101
 23. REASON Medical Emergency
 24. WITNESSES John Doe, Jane Smith
 25. SIGNATURE [Signature]
 26. DATE 10/10/2023
 27. TIME 10:00 AM
 28. LOCATION Room 101
 29. REASON Medical Emergency
 30. WITNESSES John Doe, Jane Smith
 31. SIGNATURE [Signature]
 32. DATE 10/10/2023
 33. TIME 10:00 AM
 34. LOCATION Room 101
 35. REASON Medical Emergency
 36. WITNESSES John Doe, Jane Smith
 37. SIGNATURE [Signature]
 38. DATE 10/10/2023
 39. TIME 10:00 AM
 40. LOCATION Room 101
 41. REASON Medical Emergency
 42. WITNESSES John Doe, Jane Smith
 43. SIGNATURE [Signature]
 44. DATE 10/10/2023
 45. TIME 10:00 AM
 46. LOCATION Room 101
 47. REASON Medical Emergency
 48. WITNESSES John Doe, Jane Smith
 49. SIGNATURE [Signature]
 50. DATE 10/10/2023
 51. TIME 10:00 AM
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 60. WITNESSES John Doe, Jane Smith
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