

Signature valid
Digitally signed by PRAMOD BHALRAO
DN: cn=IN, c=IN
Date: 2022.04.[illegible] 18:26:26 IST
Reason: Approved Planning Plan
Location: Ichalkaranji Municipal Corporation

Particulars	Area
1. Area of plot [Minimum area of 4, 5, or 6 to be considered as area of setback with reconstituted layout, as per building no.	3486.78
(a) As per area-wise plot as per (31), (37) (without)	3486.78
(b) as per 7/12 or City Survey measurement sheet	3486.78
(c) as per Reconstituted of existing area	3486.78
LESS	
2. Area set in possession	0.00
3. Balance area (1-2)	3486.78
4.Deductions for	-
(a) Proposed D.P./ D.P. Road widening Area (the area from 1 high way widening)	0.00
(b) Any D.P. Reservation area	0.00
(c) net area	0.00
5.Balance area of plot (3-4)	3486.78
6. Amenity Space	0.00
(Applicable if (1) > 20000 sq.m)	-
(Amended vide Light 28/03/2019 amdt.-19)	-
(a) Above 20000 sq.m. - (a) x 5 % of Total area	0.00
7. Net Plot Area (5-6)	3486.78
8. Recreational Open Space	-
(a) If area (3) is more than 4000 sq.m. - 10 % of (3) is required.	0.00
Proposed ____	0.00
(a) If area is less than 4000 sq.m. <3 inch >	-
9.If 5 % full number Sec 5,6 C.D.R.R.Rules. As per 7/12 statement or City Survey Number - No Reconstituted open space is required.	-
9.If 5 % applicable (Sec 5(2)(iii) , (iv)) 4161 sq.m. Reconstituted open space is required.	-
(b) 10 % Required for plot area 222 sq.m.	0.00
Proposed ____	0.00
(c) Deduction in lower open space subject to sending area (1.2)2 of 20 %	-
(d) Deduction in lower open space subject to payment of 50 % Rate rate of land (4.7) as per ranked statement of rate.	-

Certificate of Area:
Certified that the plot under reference were surveyed by me on 2022.03.31 and the dimensions of sides of, at plot corner angles are as measured and also and the area worked out and tallies with the area stated in statement of Owner/ULC / L.R. Property Transcript, and Records Department/City Survey records.
Signature
[Name of Architect/ Licensed Engineer/ Supervisor.]

Owner's Undertaking :-
I/We undertake and hereby certify that I/We would abide by plans approved by Authority / Collector. I/We would execute the structure as per approved plans. I/we I/We would execute the work under supervision of proper technical person so as to assure the quality and safety of the work site.

Owner (s) name and signature

Architect/ Licensed Engineer/ Supervisor name and signature

Sub No.

Postal Address: Plot no 002,Vinayak Heights Building,Dapal Panchkhanti Road,Shankar Nagar,Nagar,416004,Maharashtra

REMARK/DESCRIPTION OF PROJECT :
Type of Proposal : Mixed
BUILDING ON OWN INDUSTRY NO.-338/02

NOTE :-
PLAN OF [illegible] AS PER [illegible]

Floor	Name	Height	Type	No.	Deduction	Up Area	Deduction	Up Area	Reason	Deduction	Up Area	Deduction	Up Area
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Floor	Name	Height	Type	No.	Deduction	Up Area	Deduction	Up Area	Reason	Deduction	Up Area	Deduction	Up Area
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Name of Owner :-
[illegible]
Name of Architect :-
[illegible]
Signature valid
Digitally signed by [illegible]
Date: 18/04/22

SCALE :- 1=100
Date: 18/04/22
2022-03-3303/2022
CHECKED BY :-

DRAWING NOT TO SCALE