Form No

BCC-001

REPUBLIC OF THE UNION OF MYANMAR

Yangon Regional Government

Yangon City Development Committee

Building Control Authority



BUILDING COMPLETION CERTIFICATE APPLICATION FORM

	1. Ref	erence N	umber of the Buil	lding Permit	
		 Date of i	issuance:		
			2. Site		
Address:				Ward:	
Township:				Postal code:	
Site area in acre: _	Block No:			Lot No:	
	3.	. Applicar	nt / Land owner's	details	
Name:			:		
Ward:		_ Postal co	ode:	Township:	
Phone No:	Email:	@			
	ntative person acting on behalf o			☐ Yes ☐ No	
Ward:		_ Postal co	ode:	Township:	
	Email:				
Registration numbe	r of the general or special power	r:		Date of issue:	
	4. Technic	al certific	cations of sound o	accomplishment	
	t the building undertaken correspon Nyanmar National Building Code as v			- 1	ctices and also fulfils all the
4.1. The Certified pr	rofessional in charge of the Archi	tectural D	esign		
Name:		Rank:		Discipline:	
Address:		Ward:		Township:	
Postal code:	Phone No:		Email:	@	
Regi	istration number:		Date		Signature
			>		
4.2. The Certified Pr	rofessional in charge of the Cons	truction			
Name:		Rank:		Discipline:	
Address:		Ward:		Township:	
Postal code:	Phone No:		Email:	@	
Regi	istration number:		Date		Signature
4.3. The Certified Pr	ofessional in charge of the Struc	ture (if it a	pplies)		
Name:		Rank:		Discipline:	
Address:		Ward:		Township:	
Postal code:	Phone No:		Email:	@	
Regi	istration number:		Date		Signature
4.4. The Certified Pr	rofessional in charge of the Elect	rical infras	structure (if it applies	s)	
Name:		Rank:		Discipline:	
Address:		Ward:		Township:	
Postal code:	Phone No:		Email:	@	
Regi	istration number:		Date		Signature

Name: Rank: Discipline: Address: Phone No: Email: @ Registration number: Date Signature ### Address: Date Signature ### Address: Date Date Signature ### Address: Date Date Date ### Address: Discipline: Address: Date Date Date ### Registration number: Date Date Date ### Registration number: Date Date Date ### Address: Date Date Date Date Date ### Address: Date Date Date Date Date Date ### Address: Date Dat	4.5. The Certified Professional in charge of the N	1echanical infrastructure	e (if it applies)		
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6. Declaration and Signature of the applicant					
I hereby apply for the building completion certificate as described in this for confirm that, to the best of my knowledge, any facts stated are true and acc them.					
Name and Surname(s) of the applicant	Signature	Date			

