Form No

DCC-001

REPUBLIC OF THE UNION OF MYANMAR

Yangon Regional Government

Yangon City Development Committee

Building Control Authority



DEMOLITION COMPLETION CERTIFICATE APPLICATION FORM

1. Reference Number of the Demolition Permit				
Date of issuance:				
2. Site				
Address:			Ward:	
Township:			Postal code:	
Site area in acre:Block No:			_Lot No:	
3. Applicant / Land owner's details				
Name:	Address:			
Ward:	_ Postal code:		Township:	
Phone No: Email: @				
Is there an representative person acting on behalf of the applicant?				
Name:			1.4	
Ward: Email:	_ Postai code: ଜ		Township:	
Registration number of the general or special power:			Date of issue:	
4. Technical certifications of sound accomplishment				
We hereby certify that the demolition undertaken corresponds to the performance standards and sound building practices and also fulfils all the				
requirements of the Myanmar National Building Code as well as the Yangon Building Rules, 2014.				
4.1. The Certified professional in charge of the demolition				
Name:	Rank:		Discipline:	
Address:	Ward:		Township:	
Postal code: Phone No:		Email:		
Registration number:	Da	ite	Signature	
4.2. Licensed Contractor:				
Name:	Rank:		Discipline:	
Address:	Ward:		Township:	
Postal code: Phone No: Phone No:		Email: Bank name:		
Bank account holder name: Bank account number (for the reimbursement of the guara)		Dalik Haine.		
Registration Number:				
Registration number:	Da	ite	Sign	nature
<u> </u>	-			
E. Chack list of documents to be submitted				
5. Check-list of documents to be submitted One (1) copy of all document is to be provided				
List of documents to be provided for all applications - Demolition Completion Certificate application form Check				
	I-ration and Sia	a sture of the	andicant	
6. Declaration and Signature of the applicant				
I hereby apply for the demolition completion certificate as described in this form I confirm that, to the best of my knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.				
Name and Surname(s) of the applica		Signature	Date	