

Form -03

Detailed Design Application

TIP Use Only

Date of Receipt: _____ / _____ / 20____

Application #: _____

1. Project Information

Project Title: _____

Plot #: _____ Zone #: _____

Total Plot Area (sqm): _____

Built-Up Area (sqm): _____

Total Load Demand: _____

Total Connected Demand: _____

Water Requirements (m³/day): _____

Project Number: _____

If Required:

Temporary Power Requirements: _____ Temporary Water Requirements: _____

Construction Duration: _____

3. Mandatory Documents

Refer to the checklist below for the mandatory documents required for submission.

- | | |
|---|--|
| ☐ Site Plan | ☐ Electrical Load Schedule |
| ☐ Affection Plan | ☐ Fire Water Demand Calculation |
| ☐ Architectural Drawings (Scale 1:200) | ☐ HVAC Drawings |
| ☐ Building Internal Layout Plan | ☐ HVAC Heat Load Calculation |
| ☐ Development Phasing Plan/Project Plan (If Applicable) | ☐ Structural Drawings |
| ☐ Water Demand Calculation | ☐ Risk Assessment |
| ☐ Electrical Demand Calculation | ☐ Contractor ADM classification + Trade License |
| ☐ MEP drawings | ☐ Consultant ADM classification + Trade License |
| ☐ MePS Submission to be Submitted (Attach Reference) | ☐ Setting Out Plan and Survey Drawings |
| ☐ FLS Drawings (Third Party Approval) | ☐ Soil Investigation Report |
| ☐ External Utility Tie in Drawings | ☐ Consultant Appointment Letter |
| ☐ ELV Drawings | ☐ Interior Design Drawings |
| ☐ Security Systems Drawings | |
| ☐ Industrial Waste Water Treatment Plan (If Any) | |
| ☐ Industrial Waste Management Plan (If Any) | |
| ☐ Electrical Load Schedule | |
| ☐ Decennial Liability Insurance/Professional Indemnity Insurance | |

For fit-out works, office areas shall not exceed 25% of the total facility area.

Failure to provide all required information and documents will delay the approval process and may result in the application being returned.

2. Consultant/Contractor Information

Consultant/Contractor's Name: _____

Person of Contact: _____

Telephone Number (Office): _____

Telephone Number (Mobile): _____

Email Address: _____

Documents establishing qualifications, registration and experience of the

Architect / Consultant / Contractor has to be submitted along with this application.

4. Tenant Information

Name of Applicant: _____

Position/Title of Applicant: _____

Signature: _____

Declaration

I, the undersigned, do hereby declare that all information above and attached to this application is true and correct.

I further agree to the terms and conditions shown her in.

Official Company Stamp



For more details regarding this application, refer to the guideline in the brochure.

Confidentiality of Information

TIP acknowledges that all the information received within and attached to this application is considered confidential and may not be used for purposes other than this application and the operation of building to which this application relates.

Disclaimer

TIP accepts no liability for non-compliance in design, construction, and project execution, or negligence or breach of contractual obligation by the developer / consultant / contractor.