



DEVELOPMENT  
CONTROL FORMS

EXCEPTIONAL PERMISSION  
APPROVAL REQUEST

DATE

Project Name: \_\_\_\_\_

Project Owner: \_\_\_\_\_ Plot No: \_\_\_\_\_

Consultant: \_\_\_\_\_

EXCEPTIONS DETAILS			
FAR	As per the regulations	Proposed	Percentage
Reason:	_____	_____	_____
Plot Coverage	As per the regulations	Proposed	Percentage
Reason:	_____	_____	_____
Height	As per the regulations	Proposed	Percentage
Reason:	_____	_____	_____
Other	As per the regulations	Proposed	Percentage
Reason:	_____	_____	_____

FOR OFFICIAL USE ONLY			
Document Receiving:	TN- _____	File: <input type="checkbox"/> DLC <input type="checkbox"/> RC <input type="checkbox"/> AC <input type="checkbox"/> EC <input type="checkbox"/> GC <input type="checkbox"/> MP <input type="checkbox"/> DGC	
Received By _____	Signature _____	Date _____	

Concerned Business Unit Comments:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Approved      ☐ Approved With Comments      ☐ Resubmit

Name,  
Signature  
& Date

Reviewed By \_\_\_\_\_

Name: \_\_\_\_\_

Date : \_\_\_\_\_