



SOIL INVESTIGATION REQUEST

DEVELOPMENT CONTROL FORMS

DATE

Project Name: _____

Project Owner: _____ **Plot No:** _____

Consultant: _____

Laboratory: _____

Work Duration: From: _____ To: _____

REQUIRED INFORMATION AND SUBMITTALS:

- ✓ Affection Plan Reference No: (Copy of Affection Plan to be enclosed)
- ✓ Copy of Consultant's Dubai South Registration (Copy of Consultants Professional License to be enclosed)
- ✓ Copy of Consultant's Appointment Letter
- ✓ Laboratory Appointment Letter (Original)
- ✓ Copy of Laboratory Professional License
- ✓ Site plan showing location of boreholes

LABORATORY

Name _____

Contact No. _____

Email _____

STAMP

Signature & Date

CONSULTANT

Name _____

Contact No. _____

Email _____

STAMP

Signature & Date

FOR OFFICIAL USE ONLY

TN- _____ File: ☐ DLC ☐ RC ☐ AC ☐ EC ☐ GC ☐ MP ☐ DGC

Received By

Signature

Date

Remarks:

☐

Approved

☐

Approved With Comments

☐

Resubmit

Reviewed By
Snr. Engineer - Civil

Approved By
VP – Development Control

Date :