

FORM No. 2
[See Regulation 4(3)]
ARCHITECT'S CERTIFICATE
(on the letter head)

(To be uploaded by the promotor on his webpage on the website of the Authority before withdrawal of money from separate account)

No.

Date:.....

To

(Name & address of the Promoter)

Sir,

Subject : Certificate of percentage of completion of _____
_____Project, bearing Authority Registration
Number _____ situated in _____
(Panchayat/ Municipality/ Corporation) being developed by
_____ [promotor's Name]

I/We _____ (name & address of Architect),
have undertaken assignment as Architect for certifying percentage of Completion of
construction work of the above mentioned project on land comprising of Survey/ Re-survey
No: _____ of _____ Block, _____ village,
_____ Taluk, _____ District
admeasuring _____ sq.metres area, being developed by
_____ [promotor's Name] as per the
approved plan.



This is to certify that I/we have undertaken assignment of certifying Completion of construction work of the Real Estate Project mentioned above:

1. The following technical professionals (*name and address*) are appointed by owners/ promotor for the project:–

- i. M/s/Mr/Ms., _____ as Engineer;
- ii. M/s/Mr/Ms _____ as Structural Consultant;
- iii. M/s/Mr/Ms _____ as MEP Consultant;
- iv. M/s/Mr/Ms _____ as Quantity Surveyor

2. Based on site Inspection by the undersigned on _____ (*date*) of the aforesaid Real Estate Project, I certify that as on the date of this certificate, the percentage of work done for each of the Building/ Block of the Real Estate Project as registered vide number _____ with the Authority is as per Table-A herein below. The percentage of the work executed with respect to each of the activity of the entire phase is detailed in the Table B.

Table A

(To be prepared separately for each Building/ Block of the Project)

Building/Block Number: _____

| <i>Sl. No.</i> | <i>Task/ Activity</i> | <i>Percentage of work done</i> |
|----------------|--|--------------------------------|
| 1 | Excavation | |
| 2 | _____ number of basement(s) and plinth | |
| 3 | _____ number of podiums | |
| 4 | Stilt Floor | |



| | | |
|----|--|--|
| 5 | _____ number of slabs of super structure | |
| 6 | Internal walls, internal plaster, flooring within apartment/ flats/ premises, doors and windows in each of the flats/premises | |
| 7 | Sanitary fittings within the apartment/ flat/ premises, electrical fittings within the apartment/flat/premises | |
| 8 | Staircases, lift wells and Lobbies at each floor level connecting Staircases and lifts, overhead and Underground water tanks | |
| 9 | The external plumbing and external plaster, elevation, completion of terraces with water proofing of the building/Block | |
| 10 | Installation of lifts, water pumps, fire fighting fittings and Equipment as per Fire & Rescue Services CFO NOC, electrical fittings to common areas, electro-mechanical equipment, compliance to conditions of environment/CRZ NOC, finishing to entrance lobby/s, plinth protection, paving of areas appurtenant to building/block/tower, compound wall and all other requirements as may be required to obtain Occupation/Completion Certificate | |

Table B

Internal & External Development Works in Respect of the Entire Registered Phase

| <i>Sl. No.</i> | <i>Common Areas and Facilities, Amenities</i> | <i>Proposed (yes/No)</i> | <i>Details</i> | <i>Percentage of work done</i> |
|----------------|---|--------------------------|----------------|--------------------------------|
| 1 | Internal roads & foot paths | | | |
| 2 | Water Supply | | | |
| 3 | Sewerage (chamber, lines, septic tank, STP) | | | |
| 4 | Storm water drains | | | |
| 5 | Landscaping & tree planting | | | |
| 6 | Street lightening | | | |



| | | | | |
|----|--|--|--|--|
| 7 | Community buildings | | | |
| 8 | Treatment and disposal of sewage and sullage water | | | |
| 9 | Solid waste management & disposal | | | |
| 10 | Water conservation, Rain water harvesting Percolating well/pit | | | |
| 11 | Energy management | | | |
| 12 | Fire protection and fire safety requirements | | | |
| 13 | Electrical meter room, sub-station, receiving station | | | |
| 14 | Others (Option to add more) | | | |

Yours faithfully,

(Signature of Architect)

Name: _____ *(in Block letters)*

Address: _____

(Registration No.: _____ of the Council of Architecture)

