



FORM ZP-2

SINDH BUILDING CONTROL AUTHORITY

(AUTHORITY UNDER SIND BUILDING CONTROL ORDINANCE 1979)

Web Site: www.sbca.gos.pk

E-mail: sbca@sbca.gos.pk

(UNDERTAKING FORM PROFESSIONAL)

I, Mr. /Mrs./Miss. _____ S/o, W/o, D/o. _____

License/Regn.No. _____ Architect / Engineer / Town Planner / Building Designer)

Mailing Address: _____

Phone No: _____ Fax No. (If any) _____ do hereby undertake.

1. That I have been assigned by (Owner/Attorney) Mr./Mrs./M/s. _____
for the planning, designing and supervision of construction works of Project name, (if any) located on
Plot No. _____

(Complete Address)

2. That I have done planning and design in respect of the above noted plot according to the Karachi Building & Town Planning Regulation-2002.

3. That I will supervise the construction work through all stages of execution as per the Regulation.

4. That I will not make change in the approved Design and specifications except as provided in the regulations.

5. I / We undertake to ensure that no deviation from the approved building plan shall take place and in case the owner insists thereon. I / We shall inform SBCA, in due course of time about the deviation for taking necessary action under provision of Karachi Building & Town Planning Regulations-2002.

6. That I / We under the Provision of Section 7(3) & 7(4) of SBCO 1979 are responsible for the safe and sound construction of the building.

1. I / We also undertake that if the work is started prior to approval of Building Plan or if I / We discontinued supervision of work. I / We shall give immediate intimation thereof to you as specified under section 3-1.5.2. of Karachi Building & Town Planning Regulations-2002. In case of violation of any of the above clauses suspension or cancellation of my / our licences together with any other penalty as prescribed under the Karachi Building & Town Planning Regulation-2002 may be processed in terms of SBCO-1979 amended and the rules framed thereunder.

ARCHITECT / BUILDING DESIGNER

ENGINEER

1. Signature of Professional. _____

1. Signature of Professional. _____

2. Name of Professional. _____

2. Name of Professional. _____

3. Lic. No. _____

3. Lic. No. _____

4. N.I.C. No. _____

4. CNIC. No. _____

5. Mailing Address: _____

5. PEC No. _____

6. Mailing Address: _____

6. Telephone No. _____

7. Telephone No. _____

7. E-mail: _____

8. E-mail: _____

8. Date: _____

9. Date: _____