

Form - 06 Project / Work Request Application



* IT IS MANDATORY TO COMPLETE ALL INFORMATION AS REQUESTED IN THE FORM *

TIP use only

Date of Receipt of Application: / / 20.. Decision: Date: / / 20..

Project Title: Project Number:

1. Development Information (Summary)

Project type:

Total number of employees: Other specific requirements:

Project Cost estimate (AED):

Total land area (m2):

Electricity requirements (kw/month):

Water requirements (gallons/month):

2. Contact Information

Name of Applicant:

Position or Title of Applicant:

Department:

Telephone (Office):

Mobile:

E-mail address:

Signature:

3. Project Description

(Briefly give a detailed description of the project)

Project / Work Request Application Approval Form



Project Name: _____

Review Stage: _____

Ref. No.: _____

Reviewing Department: _____

Comments:

Approved

Approved with Comments

Rejected

Department Signature, Stamp & Date