



Management Office:
 The MCST Plan No. 2719
 10 Ubi Crescent #02-05
 Ubi Techpark Singapore 408564
 Tel: +65 6743 9163 Fax: +65 6743 9816
 Website: http://www.ubitechpark.com

To
 Ubi Techpark Management Office
 The MCST Plan No. 2719
 10 Ubi Crescent #02-05
 Singapore 408564

For Official Use

| | | | |
|------------------|--|-----------------------------------|--|
| Date of Approval | | Commencement Date/Completion Date | |
| Our Ref. No. | | Remarks | |

Attn: Complex Manager

APPLICATION FOR THE RENOVATION WORKS AT BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

1. We wish to seek your written consent to carry out the renovation works as detailed in the proposed plans:
 - a. Layout Plan (Yes/No)
 - b. Electrical Plan (Yes/No)
 - c. Sprinkler Plan (Yes/No)
 - d. Air Conditioning Plan (Yes/No)
 - e. Plumbing/Sanitary Plan (Yes/No)
2. We have taken note of and will comply with your renovation guideline.
3. We wish to inform you that the renovation works in our tenancy area will commence on _____ and are expected to complete on _____. Notwithstanding your written consent to the renovation works, we undertake to seek the Building Authorities' prior approvals before commencement of the renovation works where such prior approvals are required by the Building Authorities.
4. A detail schedule of our renovation works is attached for your reference.
5. A list of contractors who will be carrying out the renovation works (including their company names, supervisors' names and telephone numbers) is attached.

 Name & Signature of Owner/Tenant

 Designation, Company Stamp & Date

Important Note:

We will contact you for the outcome of your application in **ONE (1)** week from the date of submission.
NO IMMEDIATE APPROVAL FROM THE MANAGEMENT. You need to come personally to collect the approval letter and work permit from The Management. Please **DO NOT** commence your renovation works without approval from Management. Action will be taken for any unauthorized renovation works.

Contact No : _____



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|----------------|--|-------------|--|
| Date of Return | | Verified by | |
| Cheque No. | | Remarks | |

Attn: Complex Manager

APPLICATION FOR THE REFUND OF RENOVATION DEPOSIT AT BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

1. We wish to inform you that the renovation works to which you have given written consent have been completed on_____.
2. The Certificate of Supervision from our Architect/Professional Engineers is attached. (Yes/No)
3. A set of as-built/as installed plans with endorsement from Architect/Professional Engineers and the Building Authorities are attached for your record:-
 - a. Layout Plan (Yes/No)
 - b. Electrical Plan (Yes/No)
 - c. Sprinkler Plan (Yes/No)
 - d. Air Conditioning Plan (Yes/No)
 - e. Plumbing/Sanitary Plan (Yes/No)
4. A copy of the Acknowledgement Letter from Fire Safety Bureau (FSB) for the submission of plans is attached. (Yes/No)
5. A copy of test certificate from the PUB for the electrical installation for our unit is attached. (Yes/No)
6. A copy of the Joint Inspection Clearance Form is attached (Form R-2A).
7. Please arrange to refund the renovation deposit of \$ 1,000.00 (Singapore Dollars: One Thousand Only) to the (address) _____

 Name & Signature of Owner/Tenant

 Designation, Company Stamp & Date

Important Note:

To be submitted by Owner/Tenant upon completion of renovation works.



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Attn: Complex Manager

**APPLICATION FOR THE DRAINING/CHARGING UP OF FIRE PROTECTION SYSTEM AT BLOCK
 _____ UNIT # _____ - _____, UBI TECHPARK**

Name of Contractor : _____

Address of Contractor : _____

Person-In-Charge / Contact No. : _____

1. System required for draining/charging up:

Fire Sprinkler System

Hose reel System

2. The system is required to be drained/charged on _____ (date) from _____ (time) to _____ (time). A _____ (bank) cheque _____ (Cheque no.) for \$200.00 per unit inclusive of GST (payable to "The MCST Plan No.2719") being the charges for water into the system after completion of the sprinkler work, similar charge of same amount shall be imposed for each subsequent recurrence. *(Important: Due to insurance coverage, sprinkler system must be charged back daily during normal office hour)*

3. A _____ (bank) _____ (Cheque no.) for \$321.00 per unit inclusive of GST (payable to "CA Facilities Pte Ltd") being the charges for draining/charging up of the system.

4. Undertaking:-

I/We agree to undertake all responsibilities for any damages that may occur during the draining/charging up of the system. Furthermore, I/We also agree to make good any damage caused to the satisfaction of the Management.

 Name & Signature of Requestor

 Designation, Company Stamp & Date

Important Note:

To be submitted by 1 week prior to the day of draining/charging of water



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Attn: Complex Manager

APPLICATION FOR THE HOT WORKS OPERATION AT BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

Name of Contractor : _____

Address of Contractor : _____

Person-In-Charge / Contact No. : _____

1. We wish to seek your approval to carry out hot works operation in respect to the renovation works on the date, time and location as specified below:

Date : _____

Time : From _____ To _____

Location : _____

Description of work : _____

2. We will take the necessary precautions to prevent an outbreak of fire and we have taken up sufficient insurance coverage to indemnify the Management and its representative from any claim arising from the said operation.

 Name & Signature of Requestor

 Designation, Company Stamp & Date

Important Note:

To be submitted by 2 days in advance for approval



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Attn: Complex Manager

APPLICATION FOR TEMPORARY POWER SUPPLY FOR BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

Name of Contractor : _____

Address of Contractor : _____

Person-In-Charge / Contact No. : _____

1. We wish to apply for temporary power supply for renovation/A&A works during the following periods:

Date : From _____ To _____

Total No of Days : _____

Location : _____

Description of work : _____

2. A _____ (bank) _____ (Cheque no.) for \$ _____ (\$21.00 per unit per day inclusive of GST (payable to "MCST Plan No. 2719") being the charges for temporary power supply.
3. I/We undertake to install a temporary distribution board with protective devices (ELCB) to prevent nuisance tripping.

 Name & Signature of Requestor

 Designation, Company Stamp & Date

Important Note:

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Attn: Complex Manager

APPLICATION FOR PERMISSION TO CARRY OUT DEFECT RECTIFICATION /IMPROVEMENT WORKS AT BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

- We wish to request for permission to carry out the following *defect rectification/improvement works from _____ to _____ as per plan(s) attached.

Please tick (√)

| | | |
|---|--|--|
| 1 | Partition | |
| 2 | Ceiling | |
| 3 | Fire Fighting and alarm installation | |
| 4 | Air-conditioning and ventilation installation | |
| 5 | Plumbing and sanitary installation | |
| 6 | Electrical Installation (Lighting/Power/Telephone) | |
| 7 | Signages | |
| 8 | Other, Please specify | |



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I/We undertake not to commence any *defect rectification/improvement works until a permit is issued by The Management/Relevant Authorities and if approval is granted, I/We agree to abide by all the Terms and Conditions.

Name of Owner/Tenant* : _____
Address of Owner/Tenant* : _____
Contact No. : _____
Fax No. : _____

Name & Signature of Owner/Tenant*

Designation, Company Stamp & Date

Name of Contractor : _____
Address of Contractor : _____
Contact No. : _____
Fax No. : _____
Licence No. : _____

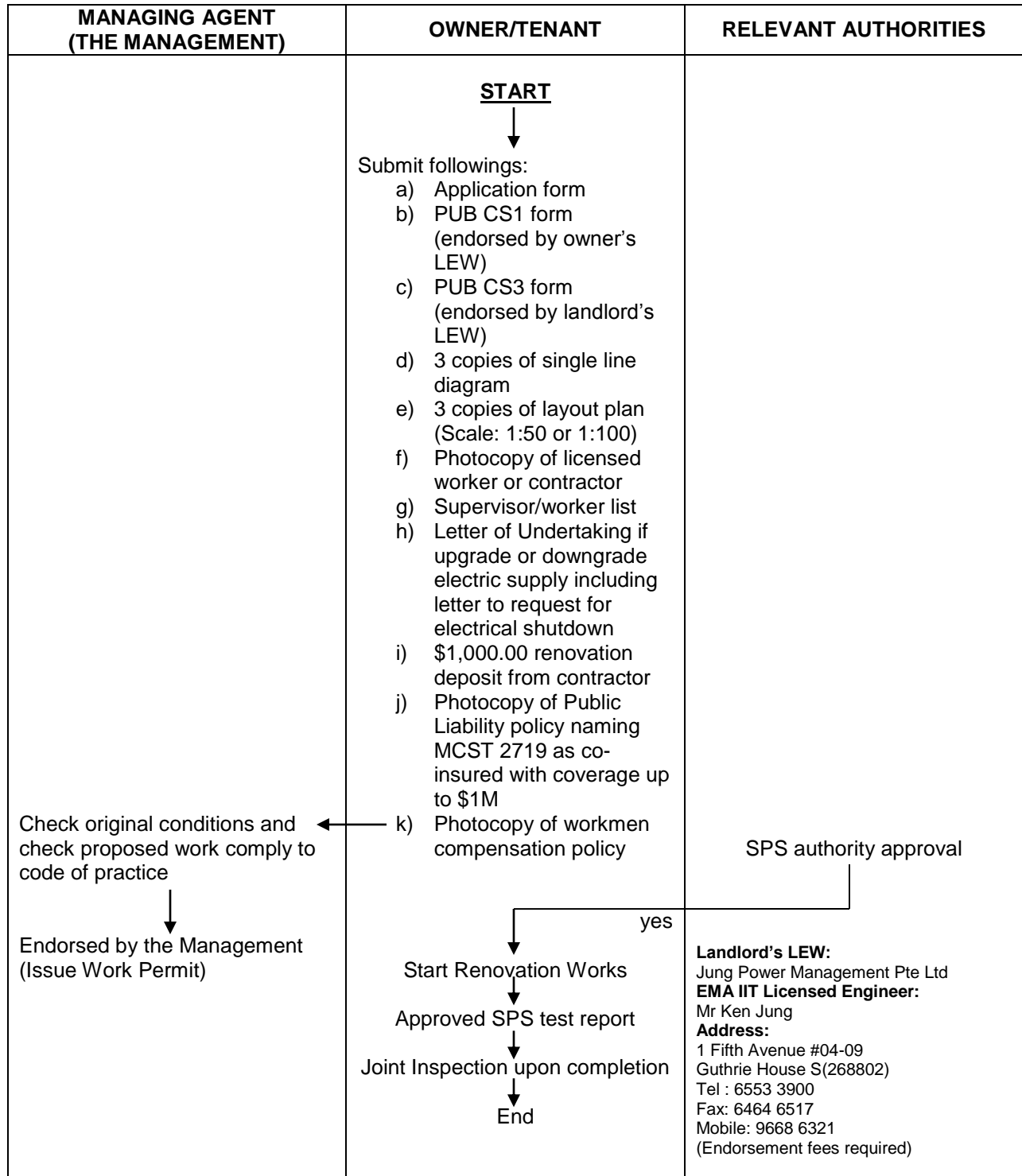
Name & Signature of Contractor

Designation, Company Stamp & Date

Important Note:

- 1) Please photocopy and attach your licence with the application form.

A&A – ELECTRICAL INSTALLATION FLOWCHART





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Attn: Complex Manager

APPLICATION FOR ELECTRICAL ADDITION & ALTERATIONS TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

I/We hereby submit 1 copy of plan attached for your approval of the proposal addition & alterations to the above mentioned unit(s).

Details of Particulars of Additions/Alterations

Proposed current : _____ Ampere

Original current : _____ Ampere

| Description | Existing (Nos) | Addition (Nos) | Rewiring |
|-------------|----------------|----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Appliances Description | Quantity | Wattage | Brand | Model No. | Voltage | Running Amperes |
|------------------------|----------|---------|-------|-----------|---------|-----------------|
| | | | | | | |
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Attn: Complex Manager

APPLICATION FOR ELECTRICAL ADDITION & ALTERATIONS TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK (CONT'D)

I/We undertake not to commence any electrical work until a permit is issued by The Management/Relevant Authorities and if approval is granted, I/We agree to abide by all the Terms and Conditions.

Name of Owner/Tenant* : _____

Address of Owner/Tenant* : _____

Contact No. : _____

Fax No. : _____

 Name & Signature of Owner/Tenant*

 Designation, Company Stamp & Date

Endorsement by the PUB Licensed Electrical Contractor

I/We hereby confirmed that the above work will be carried out by us in accordance to the approval electrical single line drawings & layout plans and also to the requirements of the Public Utilities Board and other relevant authority requirement.

Name of Contractor : _____

Address of Contractor : _____

Contact No. : _____

Fax No. : _____

Licence No. : _____

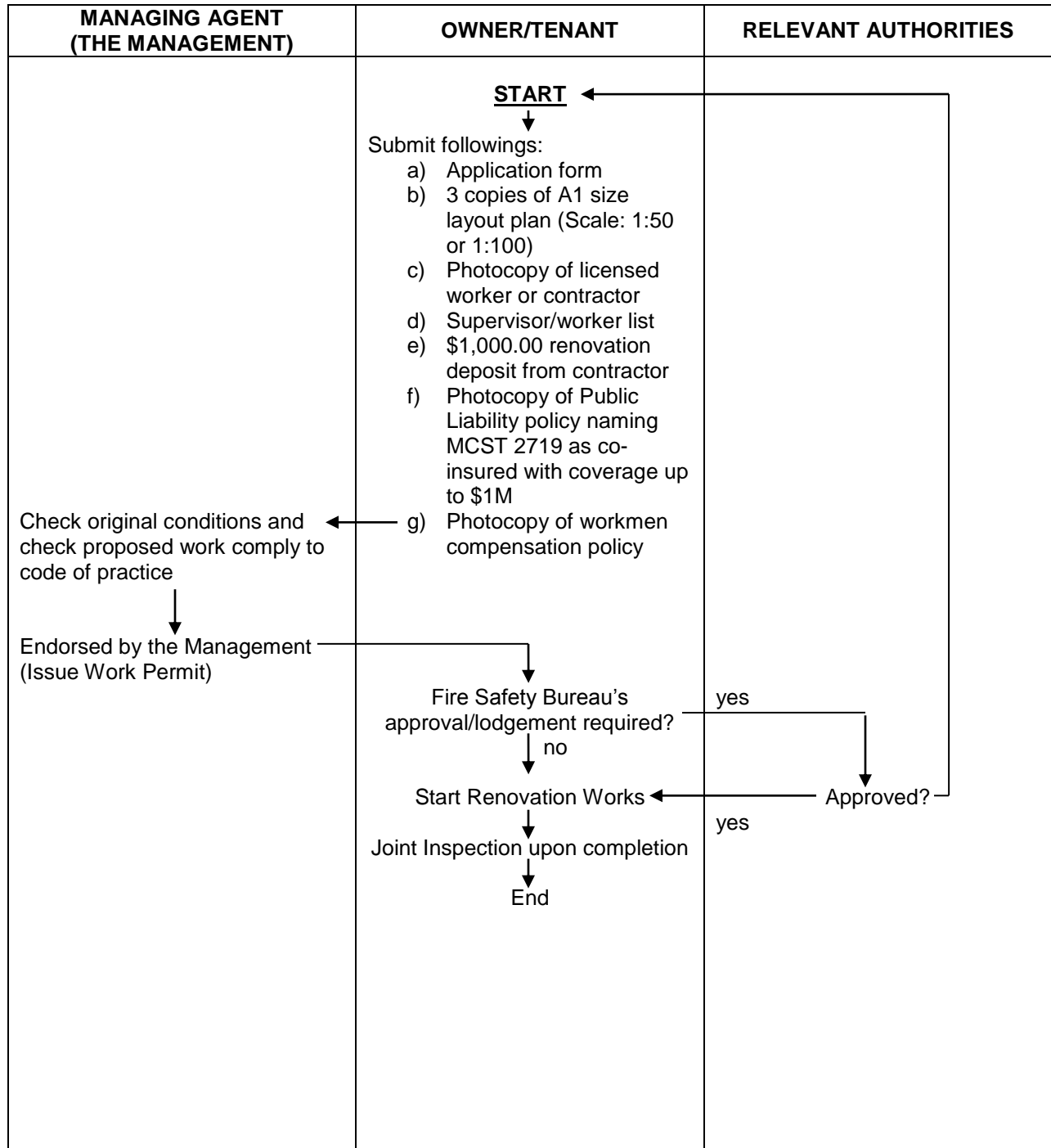
 Name & Signature of Contractor

 Designation, Company Stamp & Date

Important Note:

- 1) Any electrical shutdown if required for modification works must forward us a notification letter at least THREE (3) working days in advance
- 2) Please photocopy and attach your licence with the application form.

A&A – BUILDING WORKS FLOWCHART





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| Our Ref. No. | | Remarks | |

Attn: Complex Manager

**APPLICATION FOR *ADDITION & ALTERATIONS OF BUILDING WORKS/SIGNBOARD TO BLOCK
 _____ UNIT # _____ - _____, UBI TECHPARK**

I/We submit herewith _____ sets of proposal * A&A plan of Building Works/Signboard for your approval. Particulars pertaining thereto are given below:-

| Description of Works |
|----------------------|
| |

I/We undertake not to commence any electrical work until a permit is issued by The Management/Relevant Authorities and if approval is granted, I/We agree to abide by all the Terms and Conditions.

Name of Owner/Tenant* : _____
 Address of Owner/Tenant* : _____
 Contact No. : _____
 Fax No. : _____

 Name & Signature of Owner/Tenant*

 Designation, Company Stamp & Date

Name of Contractor : _____
 Address of Contractor : _____
 Contact No. : _____
 Fax No. : _____
 Licence No. : _____

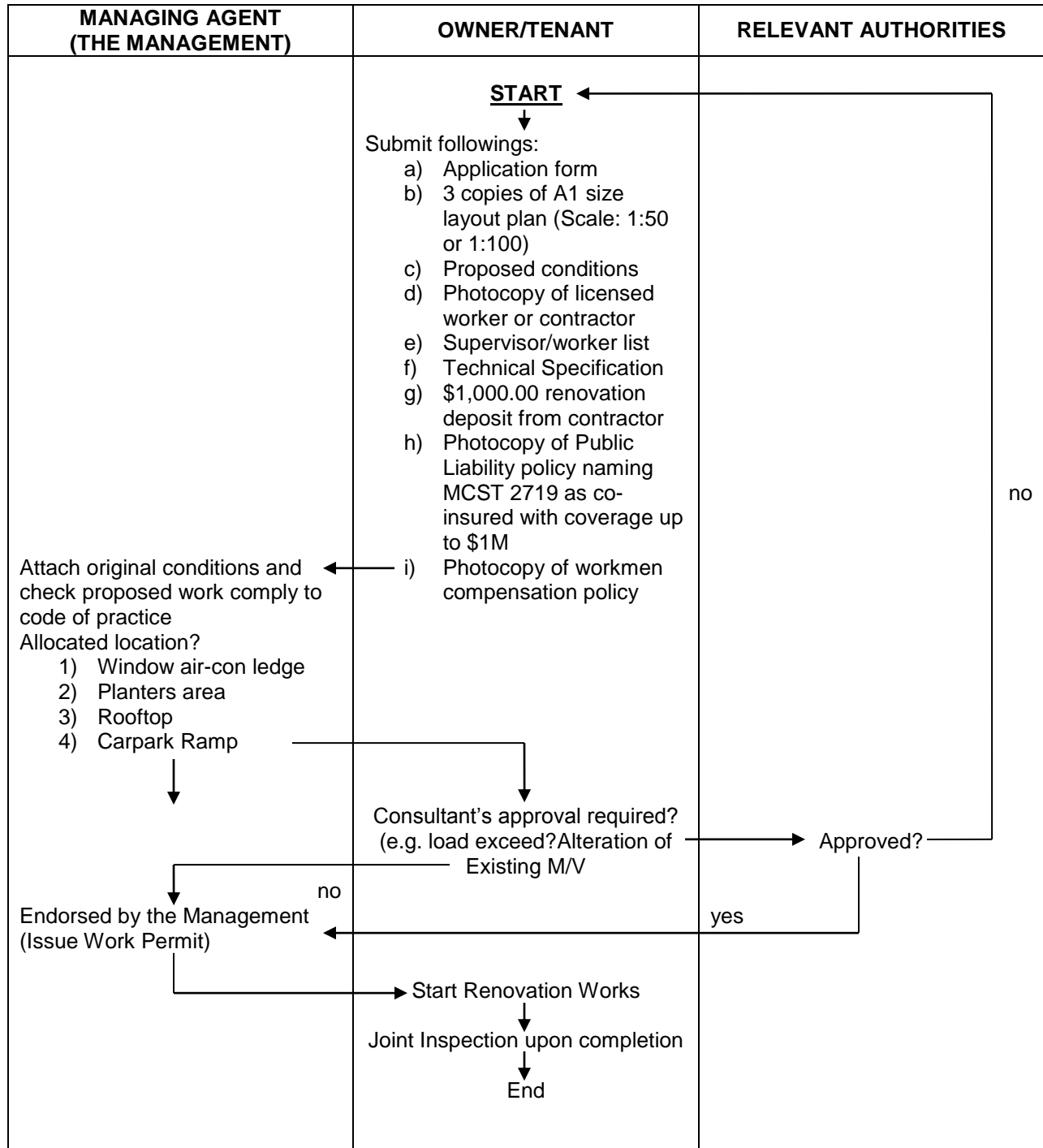
 Name & Signature of Contractor

 Designation, Company Stamp & Date

Important Note:

- 1) Please photocopy and attach your licence with the application form.

A&A – AIRCON SUBMISSION FLOWCHART





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Attn: Complex Manager

APPLICATION FOR INSTALLATION OF WINDOW/SPLIT/PACKAGE UNITS AND MECHANICAL VENTILATION TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

I/We hereby submit 1 copy of plan attached for your approval of the proposal addition & alterations to the above mentioned unit(s).

Details of Air-Conditioning & Mechanical Ventilation System

| Description | Quantity | Wattage | Brand | Model No. | BTU/HR | Voltage | Amperes |
|-------------|----------|---------|-------|-----------|--------|---------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I/We undertake not to commence any air-conditioning/mechanical ventilation work until a permit is issued by The Management/Relevant Authorities and if approval is granted, I/We agree to abide by all the Terms and Conditions.

Name of Owner/Tenant* : _____
 Address of Owner/Tenant* : _____
 Contact No. : _____
 Fax No. : _____

 Name & Signature of Owner/Tenant*

 Designation, Company Stamp & Date



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| Our Ref. No. | | Remarks | |

Attn: Complex Manager

APPLICATION FOR INSTALLATION OF WINDOW/SPLIT/PACKAGE UNITS AND MECHANICAL VENTILATION TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK (CONT'D)

Endorsement by Air-Conditioning of the Building/CIDB Registered Air-Conditioning Contractor

I/We hereby confirmed that the above work will be carried out by us in accordance to CP 13:1982 on Mechanical Ventilation and Air-Conditioning and other relevant standards enforced by the Local Authorities.

Name of Contractor : _____
 Address of Contractor : _____
 Contact No. : _____
 Fax No. : _____
 CIDB Registration No. : _____

 Name & Signature of Contractor

 Designation, Company Stamp & Date

Important Note:

- 1) Please photocopy and attach your licence with the application form.



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Attn: Complex Manager

APPLICATION FOR ADDITIONS & ALTERATIONS TO THE BUILDING FIRE PROTECTION SYSTEM TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

I/We hereby submit 1 copy of plan attached for your approval of the proposal addition & alterations to the above mentioned unit(s).

Particulars of Proposal

| Description | Existing (Nos) | Addition (Nos) | To Relocate (Nos) | To Remove (Nos) |
|-------------|----------------|----------------|-------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I/We undertake not to commence any Fire Protection work until a permit is issued by BCD/FSB and if approval is granted, I/We agree to abide by all the Terms and Conditions.

Name of Owner/Tenant* : _____
 Address of Owner/Tenant* : _____
 Contact No. : _____
 Fax No. : _____

 Name & Signature of Owner/Tenant*

 Designation, Company Stamp & Date



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Attn: Complex Manager

**APPLICATION FOR ADDITIONS & ALTERATIONS TO THE BUILDING FIRE PROTECTION SYSTEM
 TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK**

Endorsement by Fire Protection of the Building/CIBD Registered/Fire Protection Contractor

I/We hereby confirmed that the above work will be carried out by us in accordance to CP 10:1993/CP 52:1990 on Fire Protection and other relevant standards enforced by the Local Authorities.

Name of Contractor : _____

Address of Contractor : _____

Contact No. : _____

Fax No. : _____

CIBD Registration No. : _____

 Name & Signature of Contractor

 Designation, Company Stamp & Date

Important Note:

Please photocopy and attach your licence with the application form.

COMPANY'S LETTER HEAD

Date:

To
Ubi Techpark Management Office
The MCST Plan No. 2719
10 Ubi Crescent #02-05
Singapore 408564

Dear Sir/Madam,

INDEMNITY LETTER FOR BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

This letter is to indemnify M/s The MCST Plan No. 2719 of any responsibility with regards to the works involved to the above-mentioned unit.

Any cost for removal and restoration for the partition works, automatic sprinkler points, electrical and air-conditioning works shall be borne by the undersigned, tenant of the above-mentioned unit.

Should there be any doubt with regards to the above, please contact the undersigned.

Yours faithfully,

Signature & Company Stamp

Name of Tenant:

NRIC No.:

Contact No.:

We, as Owner of the property has no objection to our Tenant's request for renovation application for prior approval to be obtained from MCST 2719 and/or relevant authorities, before commencement of renovation works.

Signature & Company Stamp

Name of Owner:

NRIC No.:

Contact No.:

COMPANY'S LETTER HEAD

Date:

To
Ubi Techpark Management Office
The MCST Plan No. 2719
10 Ubi Crescent #02-05
Singapore 408564

Dear Sir/Madam,

ELECTRIAL UPGRADING/DOWNGRADING SUPPLY FOR BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

Please be informed that I would like to upgrade/downgrade the electrical supply for the above mentioned unit from three phase _____ Amps to _____ Amps (3-phases).

We will bear all the cost of modification and future re-instatement costs incurred.

Thank you.

Yours faithfully,

Name of Owner:
Contact No.:

***OWNER/TENANT'S PE/CONTRACTOR LETTER HEAD**

Date:

To
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The MCST Plan No. 2719
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Dear Sir/Madam,

PROPOSED A&A WORKS TO BLOCK _____ UNIT # _____ - _____, UBI TECHPARK

I refer to the proposed tenancy works, namely [description of works] to be carried out for the above unit and confirm the following:-

I, _____ (*PE/Contractor Co. Reg. No. _____) is Mr/Messers _____ to undertake the above mentioned works certify that the repairs, alteration or additions shown in [state drawing numbers] will not adversely affect the existing post-tensioned beam/slab & reinforced beam/slab systems of the building in relation to compliance with the relevant provisions of the Building Control Regulations.

I have also inspected the building and investigated its overall structure and that in my opinion the building is capable of resisting the forces and moments which may be increased or altered by reason of the repairs, alterations or additions shown on the above plans.

Yours sincerely,

[Name and Signature of Professional Engineer/Contractor]
PE's stamp/Contractor Company Stamp