

**Check List of Documents  
for Inclusion in Structural Submissions**

To : Independent Checking Unit

**Part 1 – General Information**

HD(ICU)'s Ref. No.: \_\_\_\_\_

PHCP (Phase)  STT  VO  LOT No.: \_\_\_\_\_

Address of Site / Project Title: \_\_\_\_\_

Name and capacity of Chief Professional+ : \_\_\_\_\_

Name and capacity of Chief Structural Engineer+ : \_\_\_\_\_

Type of Submission (please check as appropriate) :

- New Building       Alteration & Addition Works
- First submission     Resubmission upon refusal     Revision / Amendment

Type of Works (please tick and state as appropriate) :

Foundations --

- Ground Investigation     Small Diameter Bored Piles (not exceeding 750 mm)
- Driven Piles     Large Diameter Bored Piles (over 750 mm)     Barrettes     Rafts
- Spread Footings     Pile Caps     Others \_\_\_\_\_

Earth-retaining, Excavation and Lateral Support Works --

- Retaining Walls     Sheet Piling     Piled Walls     Panelled Diaphragm Walls
- Lateral Support Details     Other Shoring System \_\_\_\_\_

Underground Structures –

- Basement     Others \_\_\_\_\_

Superstructures –

- Main Structure     Curtain Walls     Others \_\_\_\_\_

**Part 2 – Documents Submitted** (please check as appropriate)

	Yes	N/A
Plans (2 signed sets for ICU approval)	<input type="checkbox"/>	<input type="checkbox"/>
Design Calculations (Part I, No. of Vol. )	<input type="checkbox"/>	<input type="checkbox"/>
(Part II, No. of Vol. / CD / DVD Rom)	<input type="checkbox"/>	<input type="checkbox"/>
Ground/ Site Investigation Report (1 set)	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal Report on Adjacent Buildings (1 set)	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical Report (including Geotechnical Assessment as per PNAP APP-25, as applicable) (1 set)	<input type="checkbox"/>	<input type="checkbox"/>
*Form ICU 5/ 5C /5D (Application for approval)	<input type="checkbox"/>	<input type="checkbox"/>
Form ICU 6 (Stability Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
Form ICU 16 (Application for modification / deviation)	<input type="checkbox"/>	<input type="checkbox"/>
Form ICU 17 (Temporary building)	<input type="checkbox"/>	<input type="checkbox"/>

Date :            /        / 20  
                   (dd/mm/yyyy)

\_\_\_\_\_  
 Signature of \*Chief Professional/Chief Structural Engineer<sup>+</sup>

+ For explanatory notes on signing capacity, please refer to Appendix B of ICUI 04.  
 \* Please delete whichever is inapplicable.  
 Please check as appropriate