Independent Checking Unit Office of the Permanent Secretary for Housing

Form ICU 5D

Application for Approval of Plans of Building Works and/or Street Works and **Certificate of Preparation of Plans**

To: Independent Checking Unit

Application for approval of plans

*I / We (name in full)	
(Chinese)	apply for your approval of the (here specify the type of plans)
submitted herewith for the works to be o	carried out at the site located at (address of site / project title)
on (PHCP (Phase) STT VO LC	OT No.)
 The said plans have been prepar Professional Services Provider[△]) 	ed and signed by (name(s) of AP RSE RGE of
of (name of Professional Services Provi	der)
Date :/ / 20(dd/mm/yyyy)	Signature (Name & Conscitute of *CP / CSE / CCE+)
	(Name & Capacity of *CP / CSE / CGE ⁺)

Form ICU 5D (Rev. 07/2022) [Source : Form BA 5 Rev. 03/2019]

Certificate of preparation of plans

3.	I certify	that:		
	(1)	the plans, structural details and geotechnical details and calculations attack relating to the above building works and/or street works have been prepared by under the supervision or direction by and have been signed by (name(s) of AP Refer to Professional Services Provider) of (name of Professional Services Provider)		
		of (fiame of Frotessional 3		
			; and	
	(2)	details of geotechnical of	ge and belief, the following attached plans, structural details and calculations comply in all respects with the s Ordinance and allied Regulations.	
Date	:	/ / 20 (dd/mm/yyyy)	Signature	
			(Name & Capacity of Chief Professional ⁺)	
Date:	:	/ / 20		
		(dd/mm/yyyy)	Signature	
			(Name & Capacity of Chief Structural Engineer ⁺) (For structural details and calculations and/or structural elements of the works only)	
Date		/ /20		
Date.	•	(dd/mm/yyyy)	Signature	
			(Name & Capacity of Chief Geotechnical Engineer ⁺) (For geotechnical details and calculations and/or geotechnical elements of the works only)	
# Excep	ot the admir essional Ser	notes on signing capacity, please refer histrative control specified in Building vices Provider (including consultant) chever is inapplicable.	gs Regulations which is replaced by relevant ICU Instructions.	

☐ Please check as appropriate

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