FORM A OUR REF: 0623-01N

**DEVELOPMENT PROPOSAL**

**CONSULTATION REQUEST FORM**

**Important Notes:**

1. This form is to be used by Registered Architects, Professional Engineers, and Traffic Consultants to seek a) pre-consultation of development proposals, b) clarification and discussion on LTA’s requirements conveyed in the written directions.
2. The completed form and supporting documents are to be emailed to the DBC OIC assigned to your project, with the email carbon copy (cc) to [LTA-DBC\_Registry@lta.gov.sg](mailto:LTA-DBC_Registry@lta.gov.sg). The assigned DBC OIC’s name and email address can be obtained from the [DBC Officer Search](https://www.lta.gov.sg/content/ltagov/en/industry_innovations/industry_matters/development_construction_resources/dbc.html) page.
3. Please allow for up to 15 working days upon receipt of the request form for LTA to evaluate the proposal with the relevant divisions.

**Section A: Project Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Detail(s)** | | |
| Type of Consultation\*  *Select one option only* | Pre-Consultation of Development Proposals  Clarification/Discussion on LTA’s requirements (issued via Written Directions) | |  |
| Project Reference Number |  | | |
| Submission (ES/CR) Number |  | | |
| Nature of Consultation\* | Street Works   * TIA related matters * Layout Plan (DC Plan) * Street Plan * Certificate of Statutory Completion * Handing Over of Road Assets   Vehicle Parking   * Building Plan * Certificate of Statutory Completion   Infrastructure Protection   * Development Proposal * Building Plan * Engineering Works * Certificate of Statutory Completion | |  |
| Description of Project, Issue and Proposed Solution (if applicable)\* | **Overview of Project** | | |
|  | | |
| **Issue(s)**  *Note: Issues should pertain to LTA’s requirements only. For interagency issues, they are to be raised to the Inter-Agency Coordinating Committee (IACC).* | | |
|  | | |
| **Proposed Solution(s) and Justification(s) to above mentioned issues**  *Please clearly state any waiver of LTA’s requirements that is being sought.* | | |
|  | | |
| Mode of Consultation  *(Select 1 option only)* | I would like an email response to my queries. |  | |
| I would like to request for a meeting on the above queries. *(This option may require more time)* |  | |
| Attachments | *Please ensure that all attachments are zipped and do not exceed a total file size of 20MB.* | | |

**Section B: Requestor Details**

|  |  |
| --- | --- |
| **Field** | **Input** |
| Name of Requestor\* |  |
| Designation |  |
| Name of Company\* |  |
| Contact Number |  |
| Email\* |  |
| Name of Qualified Person\* |  |
| AR/PE Registration Number |  |
| Designation |  |
| Name of Company\* |  |
| Company Contact Number |  |
| Company Email\* |  |

**Section C: Declaration**

We declare that:

|  |
| --- |
| 1. All information provided in this form is true and complete and has been prepared with due professionalism and diligence.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Requestor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of  Qualified Person (Registered Architect / Professional Engineer) |