



PLOT DEMARCATION REQUEST

Date: ____/____/____

COMPANY NAME:	LICENSE NO:
CONTACT NO:	PLOT NO:
Requested by: _____	
Authorized Signatory: _____	

Requirement:

1. License copy
2. Affection plan copy

FOR OFFICIAL USE ONLY

DATE OF DEMARCATION _____	Plot Demarcation done and found acceptable.
TOTAL AREA (in sq. m) _____	Signature: _____
	Investors Name: _____

Demarcated by: _____

Signature: _____

Demarcation of the plot will be charge as follows:

AREA (sq/m)	RATES
2,500 to 20,000	AED 800.00
Above 20,000	AED 1,200.00
Above 50,000	AED 2,000.00