

F.S.I. STATEMENT (IN SQ.M.)

WING TYPE	HEIGHT OF BUILDING	TYPE	GROUND COVERAGE	GROUND	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	TOTAL	BALCONY PERMISSIBLE (10% OF NET AREA)	BALCONY PROPOSED	STAIRCASE AREA	LIFT AREA	PASSAGE AREA	LIFT MACHINE ROOM AREA
A	28.70	B+G+7 FL		511.34	477.87	478.76	478.76	478.76	478.76	478.76	436.81	3819.82	496.25	481.27	182.16	3.65	739.08	18.50
B	28.70	B+G+7 FL		264.15	273.25	280.56	280.56	298.93	297.22	243.61	219.44	2176.09	286.79	284.21	255.60	5.40	702.13	20.42
TOTAL	—	—	1181.34	775.49	751.12	759.32	757.69	777.69	775.98	722.37	656.25	5995.91	783.11	765.48	437.76	9.05	1441.21	38.92
TOTAL B/UP AREA = 5995.91																		

WING A

OCCUPANT LOAD FOR COMMERCIAL AREA
REQUIRED
TOTAL NOS. OF PERSONS FOR GROUND FLOOR 511.34/3 = 170.45
TOTAL NOS. OF PERSONS FOR UPPER FLOOR 3308.48/6 = 551.41
170.45+551.41 = 721.86 NOS. SAY 722

FOR HOSPITAL STAFF :

OCCUPANT LOAD FOR COMMERCIAL AREA
REQUIRED
TOTAL NOS. OF PERSONS FOR GROUND FLOOR 264.15/3 = 88.05
TOTAL NOS. OF PERSONS FOR UPPER FLOOR 1911.94/6 = 318.66
88.05+318.66 = 406.70 NOS. SAY 407

CONVENIENCE SHOPPING

PERMISSIBLE COMMERCIAL AREA = PROPOSED B/UP AREA X 15%
= 5995.91 X 15%
= 899.39 SQ.M
PROPOSED COMMERCIAL AREA = 481.74 SQ.M

SANITARY REQUIREMENT FOR WING A

FOR GENTS				FOR LADIES			
NO OF PERSONS	REQ	PRO	WC	NO OF PERSONS	REQ	PRO	WC
361	15	42	14	361	25	42	18

SANITATION REQUIREMENT (WING B) FOR GENERAL WARD : INDOOR

		REQUIRED	PROVIDED
W.C	MALE	ONE FOR EVERY 8 BEDS = $30/8 = 3.75$ NOS. SAY 4 NOS.	8
	FEMALE	ONE FOR EVERY 8 BEDS = $30/8 = 3.75$ NOS. SAY 4 NOS.	8
WASH BASIN	MALE	TWO FOR EVERY 30 BEDS = $30/30 \times 2 = 4$ NOS.	8
	FEMALE	TWO FOR EVERY 30 BEDS = $30/30 \times 2 = 4$ NOS.	8
ABUCTION TAPS	MALE	ONE FOR EVERY W.C. = 1 NOS.	8
	FEMALE	ONE FOR EVERY W.C. = 1 NOS.	8
URINALS	MALE	ONE FOR EVERY 30 BEDS = $30/30 = 1$ SAY 1 NOS.	8

SANITATION REQUIREMENT (WING B) FOR HOSPITAL STAFF :

FOR HOSPITAL STAFF :			
		REQUIRED	PROVIDED
WC	MALE	ONE FOR UP TO 15 = 1 NOS. TWO FOR 16 TO 25 = 2 NOS.	8
	FEMALE	ONE FOR UP TO 15 = 1 NOS. TWO FOR 16 TO 25 = 2 NOS.	5
WASH BASIN	MALE	ONE FOR UP TO 15 = 1 NOS. TWO FOR 16 TO 25 = 2 NOS.	5
	FEMALE	ONE FOR UP TO 15 = 1 NOS. TWO FOR 16 TO 25 = 2 NOS.	8
ABUCTION TAPS	MALE	ONE FOR EVERY WC	5
	FEMALE	ONE FOR EVERY WC	5
URINALS	MALE	TWO FOR 21 TO 45 = 4 NOS.	12
DRINKING WATER	MALE	ONE PER 100 PERSONS = 2 NOS.	3
	FEMALE	ONE PER 100 PERSONS = 2 NOS.	3

SANITATION REQUIREMENT (WING B) FOR SPECIAL ROOM : INDOOR

		REQUIRED	PROVIDED
W.C.	MALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	9
	FEMALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	10
WASH BASIN	MALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	9
	FEMALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	10
SHOWER	MALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	7
	FEMALE	SPECIAL ROOM WITH UP TO 4 PATIENTS= $14/4 = 4$ NOS.	8

WATER REQUIREMENT STATEMENT (WING A)

OVERHEAD WATERTANK
OCCUPANT LOAD FOR COMMERCIAL AREA
REQUIRED
TOTAL NOS. OF PERSONS FOR GROUND FLOOR 511.34/3 = 170.45
TOTAL NOS. OF PERSONS FOR UPPER FLOOR 3308.48/6 = 551.41
170.45+551.41 = 721.86 NOS. SAY 722
TOTAL WATER REQUIRED = 722 X 45 = 32490 LTRS + 20,000 LTRS (FIRE FIGHTING)
REQUIRED WATER CAPACITY FOR UNDER GROUND WATER TANK
= UNDER GROUND WATER TANK CAPACITY X 1.5
= 32490 X 1.5 = 48735 + 50,000 LTRS (FIRE FIGHTING)
PROPOSED UNDER GROUND WATER TANK = 1,00,000 LITERS

WATER REQUIREMENT STATEMENT (WING B)

OVERHEAD WATERTANK
OCCUPANT LOAD FOR HOSPITAL AREA
REQUIRED
TOTAL NOS. OF PERSONS FOR GROUND FLOOR 264.15/3 = 88.05
TOTAL NOS. OF PERSONS FOR UPPER FLOOR 1911.94/6 = 318.66
88.05+318.66 = 406.71 NOS. SAY 407 NOS.
TOTAL WATER REQUIRED = 407 X 45 = 18315 LTRS + 20,000 LTRS (FIRE FIGHTING)
REQUIRED WATER CAPACITY FOR UNDER GROUND WATER TANK
= UNDER GROUND WATER TANK CAPACITY X 1.5
= 18315 X 1.5 = 27472.5 + 50,000 LTRS (FIRE FIGHTING)
PROPOSED UNDER GROUND WATER TANK = 2,57,500 LITERS

WATER CALCULATION

WING	DOMESTIC	FIRE FIGHTING	TOTAL	DOMESTIC	FIRE FIGHTING	TOTAL
A	32490	20000	52490	48735	20000	68735
B	18315	20000	38315	27472.5	20000	47472.5
TOTAL	50805	40000	90805	76207.5	40000	116207.5

PARKING STATEMENT

WING	CAR	SCOOTER	CYCLE	CAR	SCOOTER	CYCLE
WING A	114	114	0	114	114	0
WING B	114	114	0	114	114	0
TOTAL	228	228	0	228	228	0

PARKING STATEMENT

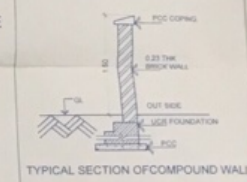
WING	CAR	SCOOTER	CYCLE	CAR	SCOOTER	CYCLE
BASEMENT	0	0	0	0	0	0
A	114	114	0	114	114	0
B	114	114	0	114	114	0
IN LAYOUT	228	228	0	228	228	0
TOTAL	228	228	0	228	228	0

STAMP OF APPROVAL

PREVIOUS SANCTION NO. PPR/19A/187/240/25 DATE: 14-10-2004
Approved as Attached to
Submitted to Competent Authority for Approval
By Mr. S. P. R. Construction Ltd. (Pvt.) Ltd.
Date: 14-10-2004
For the Competent Authority
For the Competent Authority



PROPOSED SITE



AREA STATEMENT

NO.	DESCRIPTION	AREA (SQ.M)
1.	AREA OF AMENITY PLOT	500.00
2.	AREA OF AMENITY PLOT	500.00
3.	AREA OF AMENITY PLOT	500.00
4.	AREA OF AMENITY PLOT	500.00
5.	AREA OF AMENITY PLOT	500.00
6.	AREA OF AMENITY PLOT	500.00
7.	AREA OF AMENITY PLOT	500.00
8.	AREA OF AMENITY PLOT	500.00
9.	AREA OF AMENITY PLOT	500.00
10.	AREA OF AMENITY PLOT	500.00
11.	AREA OF AMENITY PLOT	500.00
12.	AREA OF AMENITY PLOT	500.00
13.	AREA OF AMENITY PLOT	500.00
14.	AREA OF AMENITY PLOT	500.00
15.	AREA OF AMENITY PLOT	500.00
16.	AREA OF AMENITY PLOT	500.00
17.	AREA OF AMENITY PLOT	500.00
18.	AREA OF AMENITY PLOT	500.00
19.	AREA OF AMENITY PLOT	500.00
20.	AREA OF AMENITY PLOT	500.00

PARKING STATEMENT

NO.	DESCRIPTION	CAR	SCOOTER	CYCLE
1.	PARKING REQUIRED BY RULES	114	114	0
2.	PARKING PROVIDED	114	114	0

LEGEND

Plot Boundary Shown (Thick Black Line)
Proposed Road Shown (Thin Black Line)
Existing Road Shown (Dashed Line)
Proposed Building Footprint (Thick Grey Line)
Existing Building Footprint (Thin Grey Line)
Proposed Water Tank (Thick Blue Line)
Existing Water Tank (Thin Blue Line)

LAND OWNER (AS PER 7/12 OR P.R.)

1.) ARVIND JAIN
2.) SUNIL POPATLAL NARAYAN
PARTNER FOR
M/S P.P.R. CONSTRUCTION L.L.P. (PVT.) LTD.
POWER OF ATTORNEY HOLDER

CLIENT/FIRM'S NAME

M/S P.P.R. CONSTRUCTION L.L.P. (PVT.) LTD.

CONTENTS

LAYOUT PLAN, F.S.I. STATEMENT, WATER REQUIREMENT STATEMENT
PROJECT : (REVISED PROPOSAL)
PROPOSED BUILDING (HOSPITAL) ON A PLOT AT S.NO 296, HISSA NO. 1, L.O.H. PUNE.

REVISION

NO.	REVISION	DATE
1.	CHANGE IN DESIGN	14-10-2004
2.	CHANGE IN DESIGN	14-10-2004
3.	CHANGE IN DESIGN	14-10-2004
4.	CHANGE IN DESIGN	14-10-2004
5.	CHANGE IN DESIGN	14-10-2004
6.	CHANGE IN DESIGN	14-10-2004
7.	CHANGE IN DESIGN	14-10-2004
8.	CHANGE IN DESIGN	14-10-2004
9.	CHANGE IN DESIGN	14-10-2004
10.	CHANGE IN DESIGN	14-10-2004