

Companion Guide to CSC/TOP Application Forms

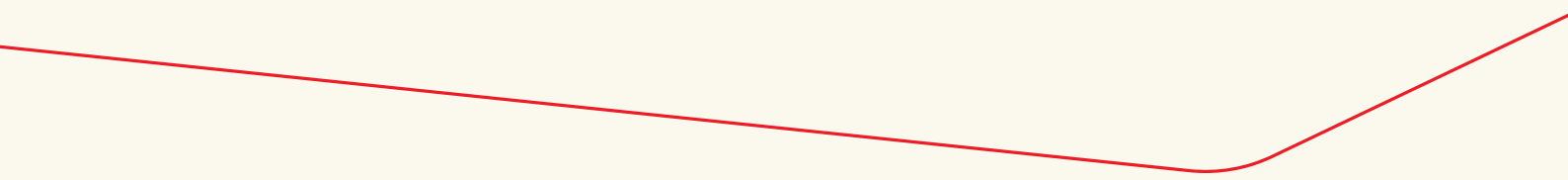


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Background and Purpose

A Certificate of Statutory Completion (CSC) or Temporary Occupation Permit (TOP) is required for occupancy after building works have been carried out. The application must be made by the project's Qualified Person (QP) appointed by the developer, following the provisions under Section 9, 11 and 12 of the Building Control (BC) Act 1989 and Regulation 42 and 43 of the Building Control Regulations 2003.

On completion of all building works, the supervising QPs (including registered architect, professional engineers appointed in respect of those building works) are required to certify that the building works have been carried out under their supervision, and that the building works are in compliance with the Act, Regulations and building plans approved by the Commissioner of Building Control. Similarly, Builders undertaking any building works need to certify that the new building has been erected, or the building works have been carried out in accordance with the provisions of the BC Act and the building regulations.

While most QPs submit good quality applications, there have been a number of QPs who have repeatedly submitted poor quality applications (e.g. TOP/CSC application forms that are either incomplete or incorrectly filled) which prolongs the processing timeframe and is unproductive for both the QPs and the BCA officers.

Therefore, this Companion Guide serves as resource tool for QPs, especially new QPs seeking to apply for TOP/CSC. It provides guidance on producing good quality submissions by explaining the common mistakes made by QPs in their application forms and tips on how QPs can fill up the forms in the correct manner.

How to Use this Guide

This companion is designed specifically to help QPs in navigating the TOP/CSC forms and submission process. The form-by-form sections provide tips on completing the commonly required forms for CSC/TOP applications. Reviewing the TOP/forms with the recommended checks before submissions would help reduce the approval time.

What you'll get

- Key sections of the forms that matter most
- Tips for accurate / smoother submissions
- Common mistakes to look out for

Submission Platforms

All TOP and CSC applications must be submitted through the following platforms:

 [TOP Portal](#) – The main submission Hub for projects involving BP approval

 [CORENET 2](#) – Only for these specific cases:

- Residential landed built for owner's own use
- Standalone bus shelters and lifts at pedestrian overhead bridges (LTA projects)
- Projects involving only structural plan approval

 [CORENET X](#) –

From 1 October 2025, all new projects with GFA $\geq 30,000\text{m}^2$ are required to onboard and make your submissions through this portal. Assisted onboarding is currently available.



Before you hit submit:

Ensure all your forms and documents are uploaded

Application Process Published in BCA Website

BCA Website : <https://www1.bca.gov.sg/safety-and-standards/applications-and-licenses/application-for-top-csc/>

The screenshot shows a web browser window displaying the BCA website page for 'Application for TOP/CSC'. The URL in the address bar is <https://www1.bca.gov.sg/safety-and-standards/applications-and-licenses/application-for-top-csc/>. A security warning banner at the top states: 'Government officials will NEVER ask you to transfer money or disclose bank log-in details over a phone call. Call the 24/7 ScamShield Helpline at 1799 or visit www.scamshield.gov.sg to check if something is a scam.' The website header includes the BCA logo and navigation menus for 'Safety & Standards', 'Sustainability', 'Growth & Transformation', 'Home & Building Owners', 'Resources', 'e-Services', and 'About us'. The breadcrumb trail is 'Home > Safety and Standards > Applications and Licenses > Application for TOP/CSC'. The main heading is 'Application for TOP/CSC', followed by the text: 'A Temporary Occupation Permit (TOP) or Certificate of Statutory Completion (CSC) is required for occupancy after building works have been carried out.' Below this, it says 'Last updated 10 March 2026'. The page content is divided into two columns. The left column, titled 'On this page', contains a list of links: 'TOP/CSC application eligibility and requirements', 'TOP/CSC application process', 'Types of TOP/CSC Inspections', 'TOP/CSC Application documents and clearances', 'Typology specific TOP/CSC process', 'Resources', and 'Related information'. The right column, titled 'Back to', contains a link to 'Applications and Licenses'. Below that, under 'Other pages in Applications and Licenses', there are links for 'Builders Licensing Scheme (BLS)', 'Building Plan submission', 'Structural Plan submission', 'Permit for structural works', and 'Temporary Building Application'. A 'Help us improve' button is located in the bottom left corner.




Your Form – By – Form Guide

A) Certificate of Supervision for Building Works (BCA-CSC-CSPBW)

Purpose of this form (Endorsed by QP for building plan)

This form serves to assist the QP to verify that he has supervised the building works, and all the building works are constructed in accordance with the approved Building Plans.

 **Time needed: 5-10 minutes**

Key Field to Note	Sections of the form
<p> Building Plan Numbers</p> <ul style="list-style-type: none">• Add all your approved Building Plan numbers using the 'ADD' button	 <p> Only include approved BP numbers - leave out any that were disapproved</p>

Before moving on:

- All approved BP numbers added
- Permit date filled in
- Dates are in correct sequence
- SGFA and building cost included

Example of common mistake





- Only Main BP is indicated whereas there a multiple BP approved

B) Declaration by Qualified Person for the Application of CSC/TOP for Building (BCA-CSC-TOPCSCDQP)

Purpose of this form (Endorsed by QP for building plan)

This form serves to assist the QP by reminding the QP that he/she needs to inspect the site, to check that the building works on site are in accordance with the approved plans and record plans before applying for TOP/CSC, and there is no occupation prior to the issuance of TOP/CSC.

 **Time needed: 8-12 minutes**

Key Fields To Note	Sections of the form									
<p>Plan Type</p> <p>Plan type refers to the BP Main Approved Plan number</p>	<p> Use your first approved BP number</p> <table border="1"> <tr> <td>Plan Type</td> <td> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">BP</div> <div style="margin-left: 5px;">▼</div> </div> <p style="font-size: 0.8em; margin-top: 5px;">Note : BPNE, BPAM, BPAA, AAAM, MVNE, MVAM, MVAA or MAAM is for plans with BP Numbers issued by BCA earlier. STNE, STAM, STAA or SAAM is for plans with ST Numbers issued by BCA earlier.</p> </div> </td> </tr> </table>	Plan Type	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">BP</div> <div style="margin-left: 5px;">▼</div> </div> <p style="font-size: 0.8em; margin-top: 5px;">Note : BPNE, BPAM, BPAA, AAAM, MVNE, MVAM, MVAA or MAAM is for plans with BP Numbers issued by BCA earlier. STNE, STAM, STAA or SAAM is for plans with ST Numbers issued by BCA earlier.</p> </div>							
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<p> Inspection dates - getting the timing right</p>	<table border="1"> <thead> <tr> <th colspan="3" style="background-color: #333; color: white;">Declaration by Qualified Person For Supervision of Building Works</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">I.1</td> <td style="width: 85%;">I am the appropriate Qualified Person appointed under the Building Control Act in respect of the building works herein described.</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>I.2</td> <td> I have inspected the completed building works on (date) and confirmed that the works are completed in accordance with :- <ul style="list-style-type: none"> - The provisions of the Building Control Act and Building Control Regulations. - The relevant plans approved and the conditions under which the plans were approved. </td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table> <p> The date should be within 3 months before the date of application.</p>	Declaration by Qualified Person For Supervision of Building Works			I.1	I am the appropriate Qualified Person appointed under the Building Control Act in respect of the building works herein described.	<input checked="" type="checkbox"/>	I.2	I have inspected the completed building works on (date) and confirmed that the works are completed in accordance with :- <ul style="list-style-type: none"> - The provisions of the Building Control Act and Building Control Regulations. - The relevant plans approved and the conditions under which the plans were approved. 	<input checked="" type="checkbox"/>
Declaration by Qualified Person For Supervision of Building Works										
I.1	I am the appropriate Qualified Person appointed under the Building Control Act in respect of the building works herein described.	<input checked="" type="checkbox"/>								
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<p>Enter your most recent approved BP / RP number where applicable</p>	<p> Enter most recent approved BP / RP number</p> <table border="1"> <tr> <td style="width: 5%;">I.3</td> <td style="width: 85%;"> For building works with building plans submission: I certify that the building works do not deviate from the approved plans. The last approved plan is BP: </td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Record plan RP: submitted to show the immaterial changes from the approved plans. </td> <td></td> </tr> </table>	I.3	For building works with building plans submission: I certify that the building works do not deviate from the approved plans. The last approved plan is BP: 	<input checked="" type="checkbox"/>		<input type="checkbox"/> Record plan RP: submitted to show the immaterial changes from the approved plans.				
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	<input type="checkbox"/> Record plan RP: submitted to show the immaterial changes from the approved plans.									

 **Example of common mistake**



Section I.3 is not updated after amendment/record plan submitted after site inspection

C) Builder's Certificate (Form-BCBC)

Purpose of this form (Endorsed by Builder)

This form serves to assist builder by reminding the builder that he/she needs to construct the building works are in accordance with the approved BP and ST plans.

 **Time needed: 5-8 minutes**

Key Fields To Note	Sections of the form
<p> Plan numbers - getting this right</p> <ul style="list-style-type: none"><input type="checkbox"/> For Full TOP: List all approved ST (Structural) and BP (Building Plan) numbers<input type="checkbox"/> For Phase TOP: Some ST numbers might be partially cleared - that's okay! Just ensure your PE declares those related to the phase TOP	<p>Particulars of Building Works to which this Certificate relates:</p> <p>Structural Plan No(s) : _____ ST _____</p> <p>Building Plan No(s) : _____ BP _____</p> <p> Never include disapproved plans</p>

Before moving on:

- Avoid suspended, disapproved or not-in-order C-Forms
- Clear descriptions for phased applications
- Incomplete builder information

Example of common mistake


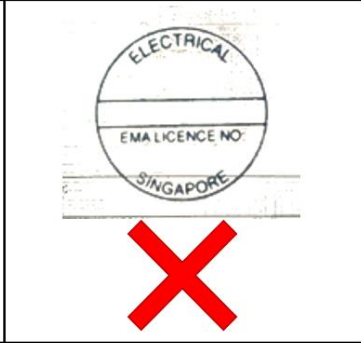
- Project description is not clear: "This temporary occupation permit is for Phase 3 as per demarcation plan"

D) Certificate of Supervision of Lightning Protection System (BPD_CSCo3)

Purpose of this form (Endorsed by PE Electrical)

This form serves to assist the LPS PE (Design) and LPS PE (Supervision) by reminding the QPs that he/she needs to inspect the site, to check that the lightning protection system are in accordance with the relevant Singapore Standard / Code of Practice.

 **Time needed: 3-5 minutes**

Key Fields To Note	Sections of the form
<p>Correct SS (Singapore Standard) is checked</p>	<p>For example:</p> <hr/> <p>Part 1 : Lightning Protection System Design Certification</p> <hr/> <p>I certify that the design of the above-mentioned lightning protection system complies with the requirements of the Building Control Regulations 2003, SS:555 and the relevant Singapore Standard Code of Practice.</p> <p>(a) The design of the lightning protection system is in accordance with -</p> <ul style="list-style-type: none"> <input type="checkbox"/> the Code of Practice for Protection Against Lightning - SS 555:2010; or <input checked="" type="checkbox"/> the Code of Practice for Protection Against Lightning - SS 555:2018. <p>(b) <input type="checkbox"/> The design and installation of the lightning protection system are based on alternative solution</p>
<p>Important: Must be signed by a Professional Engineer (Electrical), not EMA</p>	<p>For example:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>


Example of common mistake

Missing date of signature

E) Lightning Protection Test Report and As-Built LPS Plans

Purpose of this form (Endorsed by PE Electrical)

The documentations serve to assist LPS PE by reminding the QP that he/she needs to inspect the site, to check that the LPS testing and commissioning meets the code requirement.

 **Time needed: 10-15 minutes**

For multiple structures

Each structure/building needs its own test report

If combined: Explain the intended design in remarks

Example: 2 residential units = 2 test reports

Key Fields To Note	Sections of the form
Overall resistance reading must be ≤ 10 ohms	For example:
Resistance reading must be ≤ 0.2 ohms If in milli-ohms: Note this in remarks section	Overall resistance of the Earth Termination System [R _{Overall} $\leq 10\Omega$]: <input type="text"/>

Example of common mistake

- Missing PE stamp
- The details on the report does not tally with the as-built plans e.g. number of down-conductor


F) Certificate of Supervision of Air conditioning/Mechanical Ventilation System (BPD_CSC05)

Purpose of this form (Endorsed by PE (Mechanical))

This form serves to assist PE (mechanical) by reminding him/her of their duties to inspect and verify that the mechanical ventilation system on site complies with the relevant Singapore Standard/ Code of Practice.

 **Time needed: 5-8 minutes**

 **Separate forms shall be prepared for two different mechanical ventilation systems.**

Key Fields To Note	Sections of the form
<p>Select correct SS (Singapore Standard) or AS</p>	<p>For example:</p> <p><input type="checkbox"/> SS CP 13:1980</p> <p><input type="checkbox"/> SS CP 13:1999</p> <p><input type="checkbox"/> SS 553:2009 (for project with first set of building plans submitted on or after 1 Dec 2010)</p> <p><input checked="" type="checkbox"/> SS 553:2016 (for projects with first set of plans submitted on or after 1 Apr 2017)</p> <p><input type="checkbox"/> I certify that the design and installation of the *mechanical ventilation / air-conditioning works are based on the alternative solution,</p> <p>as approved by the Commissioner of Building Control on _____ [date] ("Alternative Solution"), and that the Alternative Solution satisfies the objectives and performance requirements prescribed in the Building Control Regulations 2003 for Ventilation.</p>
<p> Approval for alternative solutions must be obtained at BP Submission Stage</p>	

Before moving on:

- PE's full Name
- Complete Address
- UEN indicated

Example of common mistake



- Missing UEN

G) Annex A – List of Safety Barriers and H) Annex A - List of Engineered Façade

Purpose of this form (Endorsed by QP (BP) and QPs (ST))

This form serves to assist the QP(BP) and QP(ST) to check and verify that all the required BP and ST plan approvals have been obtained for all the safety barriers or engineered façades installed on site.

 **Time needed: 10-20 minutes**

Key Fields To Note		Sections of the form															
<p> Complete the form</p> <ul style="list-style-type: none"> <input type="radio"/> Fill in all columns <input type="radio"/> Both QP signatures required <input type="radio"/> Ensure <ul style="list-style-type: none"> ✓ safety barrier and ✓ Engineered façade <p>constructed on site tallies with the BP and ST approvals</p>		<table border="1"> <thead> <tr> <th>S/N</th> <th>Types of Engineered Facades</th> <th>Locations</th> <th>Column A Building Plan Submission Ref. No. (e.g. BP01) and Drawing Sheet No. (e.g. Sheet 2 of 17)</th> <th>Column B Structural Plan Submission Ref. No. (e.g. ST01) and Drawing Sheet No. (e.g. Sheet 2 of 17)</th> <th>Column C Names of QP (Structural)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p> Cover letter with "Nil" reply is acceptable if no safety barriers</p>				S/N	Types of Engineered Facades	Locations	Column A Building Plan Submission Ref. No. (e.g. BP01) and Drawing Sheet No. (e.g. Sheet 2 of 17)	Column B Structural Plan Submission Ref. No. (e.g. ST01) and Drawing Sheet No. (e.g. Sheet 2 of 17)	Column C Names of QP (Structural)						
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Before moving on:

Obtain all signatures

All fields must be filled

Example of common mistake



Missing input (plan and page number) to columns A or B

I) Certificate of Supervision of Building Works in Respect of Civil Defence Shelter(s) – for evidence-based projects

Purpose of this form (Endorsed by QP (BP), QPs (ST) and QP(M&E) where applicable)

This form serves to assist the supervising QPs appointed for the structural, architectural, and, where applicable, mechanical and electrical works by reminding him/her of their duties to inspect and verify that the respective CD shelter(s) works on site are in accordance with shelter requirement.

 **Time needed: 10-20 minutes**

Key Fields To Note	Sections of the form				
<p> Complete the form</p> <p><input type="radio"/> List all approved plans</p>	<table border="1"> <tr> <td style="width: 30%;">List of Approved BP/CD Plans & Date</td> <td style="background-color: #f4a460;"></td> </tr> <tr> <td>List of Approved ST/CS Plans & Date</td> <td style="background-color: #f4a460;"></td> </tr> </table>	List of Approved BP/CD Plans & Date		List of Approved ST/CS Plans & Date	
List of Approved BP/CD Plans & Date					
List of Approved ST/CS Plans & Date					
<p> Select the correct type</p> <p><input type="radio"/> List all approved plans</p>	<table border="1"> <tr> <td style="width: 30%;">HS Position</td> <td> <p>Please tick where relevant to the project development:</p> <p><input checked="" type="checkbox"/> Reinforced concrete roof/clay tiled roof within setback distance</p> <p><input type="checkbox"/> Metal roof within setback distance</p> <p><input type="checkbox"/> Skylight within setback distance</p> <p><input type="checkbox"/> Air well within setback distance</p> <p><input checked="" type="checkbox"/> Reinforced concrete staircase within setback distance</p> <p><input type="checkbox"/> Metal/timber staircase within setback distance</p> <p><input type="checkbox"/> Glass/metal lift core within setback distance</p> <p><input type="checkbox"/> Shielding wall within setback distance</p> </td> </tr> </table>	HS Position	<p>Please tick where relevant to the project development:</p> <p><input checked="" type="checkbox"/> Reinforced concrete roof/clay tiled roof within setback distance</p> <p><input type="checkbox"/> Metal roof within setback distance</p> <p><input type="checkbox"/> Skylight within setback distance</p> <p><input type="checkbox"/> Air well within setback distance</p> <p><input checked="" type="checkbox"/> Reinforced concrete staircase within setback distance</p> <p><input type="checkbox"/> Metal/timber staircase within setback distance</p> <p><input type="checkbox"/> Glass/metal lift core within setback distance</p> <p><input type="checkbox"/> Shielding wall within setback distance</p>		
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Before moving on:

Obtain all signatures

Technical Agency Clearances – Your Gatekeeping Guide

Relevant clearances from technical agencies shall be obtained before application of CSC or TOP.



Tips

Please refer to the link below for building works that do not require agency clearances. For other projects that are not listed in this circular, please consult the relevant agency.



[BCA Circular: Inter-Agency Coordinating Committee \(IACC\) - Building Works not Requiring Agencies' Clearances for TOP/CSC \[PDF, 237 KB\]](#)

What you need to check:

-  Project description in agencies' clearances must tally
 - Project titles, work descriptions, and locations (MK, Lot numbers) must align with your CSC/TOP application
 - For Phased TOP: Clearances must cover at least the areas in your phase
-  Where applicable, submit a copy of agency's reply that submission is not required or exemption list published by the agency

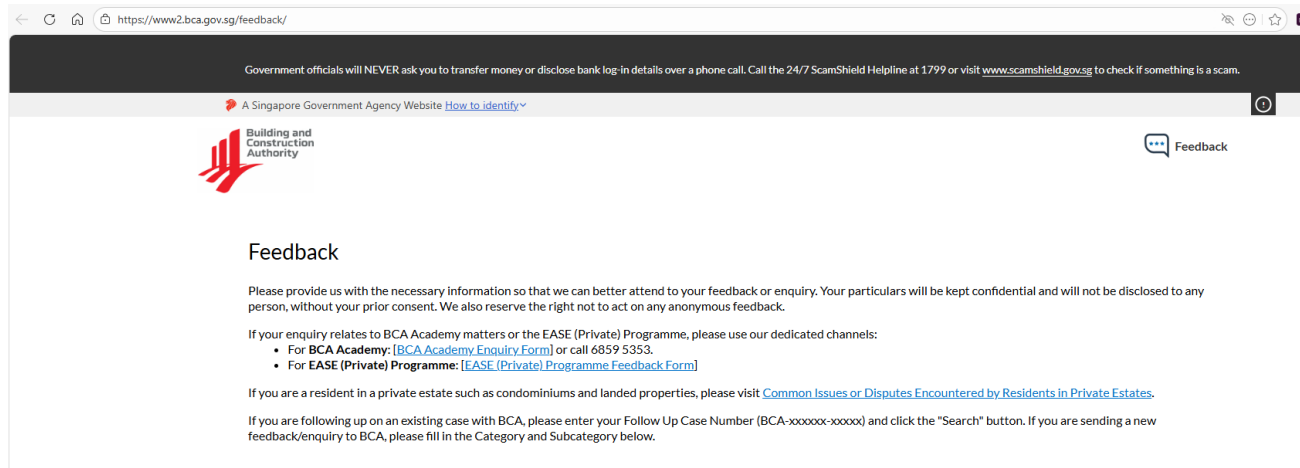
Overview of Agency Clearances (where applicable)

Agency	For TOP (including phased)	For CSC
FSSD - Fire Safety	TFP/FSC	FSC
NEA - Pollution Control and Environmental Health	TOP/CSC	CSC
PUB - Drainage and Sanitary	TOP/CSC	CSC
NPARKS – Internal & External Works	BP/DC	CSC
LTA - Road & Transport	BP/Lodgement	CSC
LTA - Vehicle Parking	BP	CSC
LTA - MRTC line	BP	CSC
LTA - Electric Vehicle Charging	BP	CSC
URA	TOP/CSC Clearance from URA	CSC Clearance from URA
EMA (10 + residential units)	Notice of Unit Inspection Completion from SP Services	
Fiber Certificate (2+ landed units)	Yes	Unless direct CSC application

FINAL THOUGHTS

We hope you find this companion useful. Take your time with each section, double-check your work, and don't hesitate to reach out if you need clarification on any requirements.

You can reach us at [Building & Construction Authority](https://www.bca.gov.sg)



Your successful submission is just a few careful steps away!

APPENDICES

➤ Certificate of Supervision of Building Works (Form BCA-CSC-CSPBW)

BCA-CSC-CSPBW

CERTIFICATE OF SUPERVISION OF BUILDING WORKS [The Building Control Act (Cap 29)]	
Date:	<input type="text"/>
To:	<input type="text" value="Building and Construction Authority"/> <input type="button" value="v"/>
Commissioner of Building Control Building and Construction Authority 52 Jurong Gateway Road, #11-01 Singapore 608550 Website : http://www.bca.gov.sg	
Instructions	
1. This form is to be digitally signed by the appointed Qualified Person responsible for the project. 2. This form may take you 2-3 mins to complete.	
Particulars Of Application	
Project Reference Number	<input type="text"/>
Project Title	<input type="text"/>
Description of Building Works	<input type="text"/>
Location Description	<input type="text"/>
Plan Type	<input type="text" value="BP"/> <input type="button" value="v"/> <input type="text" value="001"/>
<input type="button" value="Add"/> <input type="button" value="Delete"/>	
Date of Permit to commence work	<input type="text" value="(DD/MM/YYYY)"/>
Date of Completion	<input type="text" value="(DD/MM/YYYY)"/>
Statistical Gross Floor Area (sq. m)	<input type="text"/>
Final Building Cost, excluding cost of land and movable fixtures (\$)	<input type="text"/>
Remarks	<input type="text"/>

BCA-CSC-CSPBW - DEC 2014 Ver 2.1

Section I Particulars of Qualified Person	
Name	<input type="text"/>
Registration No.	<input type="text"/>
Firm Name	<input type="text"/>
UEN	<input type="text"/>
Address	<input type="text"/>
Telephone No.	<input type="text"/>
Extension No.	<input type="text"/>
Handphone No.	<input type="text"/>
Pager No.	<input type="text"/>
Fax No.	<input type="text"/>
Email Address	<input type="text"/>
Declaration by Qualified Person	
1.1.	I hereby certify that I have supervised the erection of the building works and that such works have been completed in accordance with the provisions of the Building Control Act, the regulations made thereunder and the conditions under which the plans were approved. <input checked="" type="checkbox"/>

➤ Declaration by Qualified Person (Form BCA-CSC-TOPCSCDQP)

BCA

DECLARATION BY QUALIFIED PERSON FOR APPLICATION OF TEMPORARY OCCUPATION CERTIFICATE OF STATUTORY COMPLETION FOR WORKS
[The Building Control Act (Cap 29)]

To: Building and Construction Authority
 Commissioner of Building Control
 Building and Construction Authority
 52 Jurong Gateway Road, #11-01
 Singapore 608550
 Website : http://www.bca.gov.sg

Instructions

- This form is to be digitally signed by the Qualified Person.
- This form may take 2-4 mins to complete.

Particulars Of Application

Project Refn	
Project Title	IND AL L REP JG SIF Y FAC AVEN
Description of Works	IND AL L REP JG SIF Y FAC AVEN
Location Desc	TUAS AV AVENUE
Plan Type	L

Note : BPNE, BPAM, BPAA, AAAM, MVAAs or MAAM is for plans with BF by BCA earlier. STNE, STAM, STAA is for plans with ST Numbers issued

Section II Particulars of Qualified Person For Supervision of Building Works

Name	CHEANG YEW KEI
Registration No.	3297
Firm Name	onsulting Engineers
UEN	
Address	IN AVENUE 2 LE 760790
Telephone No.	68731718
Extension No.	
Handphone No.	91823189
Pager No.	

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Section II Particulars of Qualified Person For Supervision of Building Works (Continue)

Fax No.

Email Address

Declaration by Qualified Person For Supervision of Building Works

I.1 I am the appropriate Qualified Person appointed under the Building Control Act in respect of the building works herein described.

I.2 I have inspected the completed building works on 13/03/2026 (date) and confirmed that the works are completed in accordance with :-
 - The provisions of the Building Control Act and Building Control Regulations.
 - The relevant plans approved and the conditions under which the plans were approved.

I.3 For building works with building plans submission: I certify that the building works do not deviate from the approved plans. The last approved plan is BP: 101
 Record plan RP: submitted to show the immaterial changes from the approved plans.

I.4 I further certify that there are:
 no deviation from the Planning/Written Permission.
 minor deviations from the Planning/Written Permission, covered in the list of items exempted from Planning Permission as issued by the Competent Authority.

I.5 a) For non-residential buildings : The applicable standard requirements which I have ticked below have been complied with.
 b) For Residential Buildings: The applicable requirements stipulated in the Standard Site Inspection Checklist for TOP/CSC Application (PC.08-1999) have been complied with.

Standard Requirements

		Not Applicable / Complied With / Not Complied With but Waiver Sought (Select whichever is applicable)
(1)	NO OCCUPATION OF BUILDING The building must not be occupied before a TOP/CSC has been issued as provided for under Section 12(1) of the Act.	Complied With
(2)	SITE OFFICES / STRUCTURES All site offices / stores / work-sheds / hoardings have been demolished and the site completely cleared of all construction materials and debris.	Complied With
(3)	PARTIAL TOP For partial TOP applications, all areas to which the application relates have been satisfactorily separated from those areas under	Not Applicable

➤ Certificate of Design & Supervision of Lightning Protection System (Form BPD-CSC03)

This form may take you 5-8 minutes to complete.

THE BUILDING CONTROL ACT (CAP 29) CERTIFICATE OF DESIGN & SUPERVISION OF LIGHTNING PROTECTION SYSTEM	
Commissioner of Building Control Building & Construction Authority 52 Jurong Gateway Road #11-01 Singapore 608550 Website: http://www.bca.gov.sg/	INSTRUCTIONS: (1) One copy is to be submitted (2) Please tick in the appropriate box. (3) This form is to be filled in BLACK INK only.
This Certificate relates to the lightning protection system installed in the building(s) approved under - Project Ref. No.: [] Address: [] Building Name (if any): [] TS/MK & Lot/Plot: [] Remarks: []	
Part 1: Lightning Protection System Design Certification I certify that the design of the above-mentioned lightning protection system complies with the requirements of the Building Control Regulations 2003, SS 555 and the relevant Singapore Standard Code of Practice.	
(a) The design of the lightning protection system is in accordance with - <input type="checkbox"/> the Code of Practice for Protection Against Lightning - SS 555:2010, or <input type="checkbox"/> the Code of Practice for Protection Against Lightning - SS 555:2018.	
(b) <input type="checkbox"/> The design and installation of the lightning protection system are based on alternative solution Remarks and Alternative Solution provided: _____ _____ _____	
Address of Professional Engineer	Name, PE Registration Number & Signature of Professional Engineer
Tel No.:	Date:

Part 2: Lightning Protection System Supervision Certification	
I have supervised the above-mentioned lightning protection installation and hereby certify the installation works complies with the requirements of the Building Control Regulations 2003, SS 555 and the relevant Singapore Standard Code of Practice. I further certify that the installation works has been inspected and tested by me in accordance to relevant Singapore Standard Code of Practice.	
Remarks: _____ _____ _____ _____	
Address of Professional Engineer	Name, PE Registration Number & Signature of Professional Engineer
Tel No.:	Date:

THE BUILDING CONTROL ACT (CAP 29) CERTIFICATE OF SUPERVISION OF LIGHTNING PROTECTION SYSTEM (Earth Resistance & Electrical Continuity Test Form)													
Commissioner of Building Control Building & Construction Authority 52 Jurong Gateway Road #11-01 Singapore 608550 Website: http://www.bca.gov.sg/	INSTRUCTIONS: (1) One copy is to be submitted (2) This form is to be filled in BLACK INK only.												
Project Ref. No.: []													
Lightning Protection System Earthing & Electrical Continuity Test Address: [] Test Date: []													
Test Instrument Details													
Brand & Model 1: []	Serial No.: [] Calibrated: []												
Brand & Model 2: []	Serial No.: [] Calibrated: []												
Table 1: Earth Resistance System Test													
Type of Test	Resistance of Earth Termination System [Ohm]												Remarks
Earth Electrode Point	1	2	3	4	5	6	7	8	9	10	11	12	
Point Resistance [R<N x 10G]													
Electrical Continuity Test Between N & N-1													
Earth Electrode Point	13	14	15	16	17	18	19	20	21	22	(N-1) th	N th	
Point Resistance [R<N x 10G]													
Electrical Continuity Test Between N & N+1													
Overall resistance of the Earth Termination System [R _{total} ≤ 10G]: []													
Remarks: _____ _____ _____													

Table 2: Natural Down Conductor Electrical Resistance Test													
Type Of Test	Continuity Test for Down Conductor System [Ohm]												Remarks
Electrical Continuity Test	1	2	3	4	5	6	7	8	9	10	11	12	
Overall value in Ohm [R≤0.25G]													
Electrical Continuity Test	13	14	15	16	17	18	19	20	21	22	(N-1) th	N th	
Overall value in Ohm [R≤0.25G]													
* Table 2 applicable for down conductor using natural component such as rebar of concrete column.													
Remarks: _____ _____ _____													
Notes: 1. Test Report shall be provided for each structure/building. 2. LPS as-built plans should include air-termination system, down conductor system, earth termination system, details of equipotential bonding with metallic fixtures/structural steel works, zones of lightning protection provided by rolling sphere and/or protection angle, photos of concealed equipotential bonding points between metal fixtures, steel rebar of concrete with LPS, etc. 3. Any other details as required by BCA but not mentioned above.													
_____ Signature/Name/PE Registration Number of Professional Engineer													

➤ Certificate of Supervision of Air-conditioning/Mechanical Ventilation System (Form CA-CSC-CSPACMVS)

BCA-CSC-CSPACMVS

THE BUILDING CONTROL ACT (CAP 29) CERTIFICATE OF SUPERVISION OF AIRCONDITIONING/MECHANICAL VENTILATION SYSTEM(S)	
Date:	<input type="text"/>
To:	Building and Construction Authority <input type="button" value="v"/>
Commissioner of Building Control Building and Construction Authority 52 Jurong Gateway Road, #11-01 Singapore 608550 Website : http://www.bca.gov.sg	
Instructions	
1. This form is to be digitally signed by the appointed Qualified Person. 2. This form may take you 2-3 mins to complete	
Particulars of Application	
Project Reference Number	<input type="text"/>
Project Title	<input type="text"/>
Description of Building Works	<input type="text"/>
Location Description	<input type="text"/>
Plan Type	BP <input type="button" value="v"/> <small>Note : BPNE, BPAM, BPAA, AAAM, MVNE, MVAM, MVAA or MAAM is for plans with BP Numbers issued by BCA earlier.</small>
Description of the completed system(s) / works	<input type="text"/>
Section I Particulars of Qualified Person	
Name	<input type="text"/>
Registration No.	<input type="text"/>
Firm Name	<input type="text"/>
UEN	<input type="text"/>
Address	<input type="text"/>
Telephone No.	<input type="text"/>

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Section II Particulars of Qualified Person (Continue)	
Extension No.	<input type="text"/>
Handphone No.	<input type="text"/>
Pager No.	<input type="text"/>
Fax No.	<input type="text"/>
Email Address	<input type="text"/>
Declaration by Qualified Person	
1. I certify that -	
i) I have supervised the <input type="text"/> of the <input type="button" value="v"/> of the abovementioned <input type="text"/> and that the design and installation of the Mechanical ventilation and Air-conditioning works are strictly in accordance with the relevant provisions of the Building Control Regulations and the Code of Practice for mechanical Ventilation and Air-conditioning in Buildings - <input type="text"/>	<input checked="" type="checkbox"/>
* SS553:2009 is applicable for projects with first set of building plans submitted on or after 1 Dec 2010 * SS553:2016 is applicable for projects with first set of plans submitted on or after 1 Apr 2017	
ii) The design and installation of the abovementioned <input type="text"/> are based on alternative solution.	<input type="checkbox"/>
<input type="text"/>	

➤ *Builder's Certificate of Completion of Building Works (Form BC-BC)*

This form may take you 5 -10 minutes to complete

THE BUILDING CONTROL ACT (Chapter 29) THE BUILDER'S CERTIFICATE OF COMPLETION OF THE BUILDING WORKS [Section 11(1)(f) of The Building Control Act (Cap 29)]	
Commissioner of Building Control Building & Construction Authority 52 Jurong Gateway Road #11-01 Singapore 608550	
Particulars of Building Works to which this Certificate relates: Structural Plan No(s) : _____ ST Building Plan No(s) : _____ BP *Lot/Plot _____ *TS/MK _____ Address/Road : _____ Building Name (if any) : _____ Description of the Building Works: _____ _____	
I hereby certify that I have executed the above-said works in accordance with the plans as supplied by the Qualified Person(s) and in accordance with all the provisions in the Act and Regulations. The following specialist building works had been executed by licensed specialist builder (please state company details below). <input type="checkbox"/> Piling Works _____ <input type="checkbox"/> Ground Support and Stabilisation Works _____ <input type="checkbox"/> Site Investigation Work _____ <small>(include instrumentation monitoring)</small> <input type="checkbox"/> Structural Steelwork _____ <input type="checkbox"/> Pre-cast Concrete Work _____ <input type="checkbox"/> In-situ Post-tensioning Work _____	
Name & Signature of Technical Controller _____ _____	Name & Address of Builder/Firm & UEN No. _____ _____
Date: _____	Tel: _____

*Delete accordingly

*Applicable for major building works that require an accredited checker certification.