別記第１８号様式

市営住宅 模様替え・増築 承認申請書

年 月 日

下 松 市 長 様

申請者 市営住宅 棟 号

氏名

連絡先（ － － ）

次のとおり、申請します。

|  |  |  |
| --- | --- | --- |
| 申請理由及び用途 |  | |
| 工事の内容  （※別紙添付可） |  | |
| 工事期間（予定） | 年 月 日から 年 月 日まで | |
| 隣接入居者の同意  （※必要な場合のみ） | 棟　　　　　号  氏名　　　　　　　　　　㊞ | 棟　　　　　号  氏名　　　　　　　　　　㊞ |

（注）１ 工事に要する費用は、一切私の負担及び責任において処理いたします。

２ 市から撤去の命令があった場合または住宅を退去する場合は、即時自費で原形に

復するか、または市の指示があった場合、無償で市に譲渡いたします。

３ 工事の計画および仕様等は別に報告いたします。

（裏面）

別記第１８号様式

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 仕 様 書 | | | | | | | | | | | | | | | | | | | | | | |
| 基礎 | |  | | | | | | | | | 柱 | | |  | | | | | | | | |
| 屋根 | |  | | | | | | | | | 外壁 | | |  | | | | | | | | |
| 床 | |  | | | | | | | | | 天井 | | |  | | | | | | | | |
| 床面積 | |  | | | | | | | | | その他 | | |  | | | | | | | | |
| 設計図 | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |