

***BCA Ref:***

SBT/EXEMP \_\_\_\_\_ /24

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| **REQUEST FOR EXEMPTION IN TERMS OF** **REGULATION 6 - Schedule 3 – 1(c) of SL 623.08*****(Summer Break Time)*** |
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| ***To be filled in by the Applicant*** |
| PA Reference Number |  |
|  |
| Site Address | Premises No. /Premises Name /Plot No. | Street Name | Locality |
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| Duration of Exemption |  | Start Date | End Date |
| As requested by Applicant |  |  |
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| ***\*This part is to be filled in by the Project Architect***  |
| *Option 1*: Description of Works to be carried out (non-emergency) | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****When option 1 is filled, application will be forwarded to the Malta Tourism Authority***  |
| *Option 2:* Description of Emergency | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******When option 2 is filled, case will be determined by the BCA*** |
| Description of mitigation works to be carried out  | ***This section must be filled ONLY if option 2 is filled (emergency works)*** |
| ***Documents required for Option 1 (non-emergency works)**** *Attach site plan showing the location of the site.*
* *Site photos. To protect the individuals’ privacy rights, please anonymise personal data such as persons’ faces and any private vehicle registration numbers that may be captured in the photos to avoid any inadvertent identification.*

***Documents required for Option 2 (emergency works)**** *Attach site plan showing the location of the site.*
* *Attach a block plan clearly indicating location of emergency works to be signed by Project Architect.*
* *Attach photographic evidence to support the ‘emergency’ claim. To protect the individuals’ privacy rights, please anonymise personal data such as persons’ faces and any private vehicle registration numbers that may be captured in the photos to avoid any inadvertent identification.*

***Applications received with missing information will not be processed by the BCA and will be referred back to the applicant.***  |
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| ***Date signed by Architect*** | ***Name/stamp of Architect*** | ***Signature of Architect\**** |
| *\*By signing I, the Project Architect am declaring that I am assuming full responsibility for the reasons provided above. I also understand that the information contained in this application form will be processed by the Building and Construction Authority in accordance with the prevalent GDPR regulations and that such information may be forwarded to other entities including but not limited to the Malta Tourism Authority who will be either informed and/or determine the acceptance or otherwise of this request.*  |

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| ***Date signed by Applicant***  | ***Name and Surname of Applicant*** | ***Signature of Applicant\*\**** |
| *\*\*By signing I am declaring that I am assuming joint responsibility for the reasons provided by the architect. I also understand that the information contained in this application form will be processed by the Building and Construction Authority in accordance with the prevalent GDPR regulations and that such information may be forwarded to other entities including but not limited to the Malta Tourism Authority who will be either informed and/or determine the acceptance or otherwise of this request.*  |