

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



MINISTRY OF TOURISM

REPUBLIC OF MALDIVES

Concept Evaluation Form

Application Information

Island Name:

Resort Name:

Developer:

Contact Name:

Type of Project / Structures:

Submitted Documents:

Summary and Carrying Capacity

Number of Rooms	0		Leased Date:		
Number of Beds	0		Development Due:		
Registered Land Area		sqm	Permit Due Date:		
Proposed Built-up Area		sqm	Estimated %		
Built-up area %	#DIV/0!				
Beach Length		m			
Beach Length per Room (=60%BL/No. of Rooms)	#DIV/0!				
Proposed Number of Staff Beds	0				
Proposed Staff Ratio (1:***)	#DIV/0!				
Distance from Beach to furthest Structure		m			
New Land Area Calculation					
Proposed Beach length after replenishment (if any)		sqm			
Proposed % Built-up Area at the end of project	#DIV/0!	%			
Proposed Reclamation of land (if any)		sqm			
Land area at the end of the project	0	sqm			

Guest Rooms

Type of Room	Total No of Units	Rooms Per Unit	No of Rooms	No of Beds
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
	Total:		0	0

Comments:

Staff Accommodation

Type of Rooms	Junior/se nior	No of Blocks	Rooms per block	Capaci ty per room	Total no of Rooms	Total Capacity	No of toilets per rm	Total no of toilets
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
						0	#DIV/0!	
				Total:				
					0	0		0

Dining Facilities

	Restaurant Name	Capacity			
Guest restaurant					
	Total:		0		
	Staff				
Total:		0			

AUTHORIZATION

Please authorize the above additional construction/demolition/altering/upgrading to be carried out in our resort. I/we will take the utmost care in preserving and protecting the natural environment of the island during construction/upgrading. I/we commit to complete the above work (s) as per the drawings upon approval and in accordance with the rules and regulations of the Ministry of Tourism and other Government organizations.

Name and Signature of the Primary Lease Holder	
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For Office Use Only

Layout Evaluation

Concept Evaluated by:		
Date of evaluation:		