様式第４号

**工事計画書**

　　年　　月　　日

大阪市　　区保健福祉センター所長様

申請書住所

氏名

障がい者氏名

次のとおり、住宅改修工事、移動機器設置工事を行います。

記

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| 家屋の状況 | 家屋の所在地 | |  |
| 所有の区分 | 土地 | 本人所有　　　　借地 |
| 家屋 | 本人所有　　　　借家 |
| 施工業者 | 住所（所在地） | |  |
| 名称及び代表者名 | |  |
| 工事の予定内容 | 工事箇所 | |  |
| 工事内容 | |  |
| 改善を必要とする理由 | | □介護の軽減をはかることができる |
| □対象者の生活範囲が拡大される |
| □その他 |
| 理由 |
| 工事着手予定年月日 | | 年　　月　　日 |
| 工事完成予定年月日 | | 年　　月　　日 |
| 10㎡以上の増改築の場合等建築確認 | | 年　　月　　日 |
| （確認済・申請中・その他（　　　　　　　）） |
| 工事の区分 | | 増築　　・　　改築 |

**平面図及び側面図**

（現在家屋）　　　　　　　　　　　　　　　　　（改築後）

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平面図及び側面図は既存家屋を含めて記入の上、増築又は改築する箇所を赤線で囲むこと。２階建の場合は各階別に書くこと。