



SOUTH WEST REGION  
FAKO DIVISION  
LIMBE CITY COUNCIL

**TOWN PLANNING APPLICATION FORM**

**1. IDENTITY OF THE APPLICANT**

NAME, SURNAME and/or SOCIAL REASON (*Write in capital*) :

.....  
.....

Address : .....

P.O. Box : ..... Tel. : .....

Email : .....

Status :  Proprietor  Representative  Other to be specified .....

NAME of the proprietor (if different from the applicant) :

.....  
.....

Address : .....

P.O. Box : ..... Tel. : .....

Email : .....

**2. NATURE OF THE PROJECT**

Request for Town Planning Certificate concerning the land below for the following operation (nature of the project):

- construction of a house for settlement  Commercial work  Industrial work
- Real estate  Others to be specified .....

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### 3. SITUATION OF THE LAND

Sub division : .....  
Quarter : ..... Place called : .....  
Street : .....  
Land Title N° : .....  
Surface area : .....

### 4. COMMITMENT OF THE APPLICANT

I certify accurate the information's mentioned above

Done in ....., on .....

Signature of the applicant

### 5. COMPOSITION OF DOCUMENT

- Situation plan
- Property deed
- Power of attorney if the applicant is a representative

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### SUBMISSION RECEIPT

**Name and surname of the applicants :** .....

**Objects :** .....

**Date of submission :** .....

**N° of the document :** .....

**Council :**

Signature and stamp of the City Council