



SOUTH WEST REGION  
FAKO DIVISION  
LIMBE CITY COUNCIL

**DECLARATION OF WORKS COMPLETION**

**1. IDENTITY OF THE APPLICANT**

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

.....  
.....

Address : .....

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

Email : .....

Status :  Proprietor  Representative  Other be precise .....

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

.....  
.....

Address : .....

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

Email : .....

**DECLARATION**

Declares the completion of works object of construction permit n°.....  
Situating in the quarter : : .....  
Place called : .....

Signature of the Architect of conformity of works with the prescriptions of construction permit, if need be.  
*(Name, surname and signature of the architect)*

In conformity with the prescriptions of construction permit.

**COMMITMENT OF THE APPLICANT**

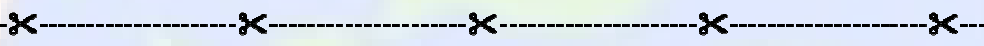
I certify accurate the information's mentioned above

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

Signature of the applicant

**ATTACHED DICUMENT**

Regrouping plan



**SUBMISSION RECEIPT**

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

**Object :** .....

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

**N' of the document :** .....

**Council :**

Signature and stamp of the City Council