



SOUTH WEST REGION
FAKO DIVISION
LIMBE CITY COUNCIL

IMPLANTATION PERMIT APPLICATION

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 :

2. THE LAND

2.1 Localisation and address

Sub division :

Quarter : Place called :

Street :

2.2 Legal situation

Land Title N° :

Surface area :

Is the land situated in an operational sector? Yes No

Specify :

Restructuring zone Renovation

Housing estate : State-owned Community Private

Collective development zone Others to be specified :

Is there any public or private servicing disturbing the land? Yes No

3. THE PROJECT

3.1 Nature of works (Tick the right boxes)

New Construction

Restoration or development works

Settlement operation

Others to be precised :

3.2 Destination of construction work (Tick the right boxes)

Industrial

Agricultural

Settlement usage

Public

Commercial

Others to be precised :

Office

3.3 Net surface hors œuvre :

3.4 Construction area :

4. FINANCING MODE AND PROJECT DESIGNER

4.1 Financing mode

Individual financing

Financing with loans (lending organisation)

Others to be specified :

4.2 Architect project designer (in the case of a construction) or urban planner in charge of the project (in the case of a settlement operation.)

Name : Surname :

P.O Box : Tel. : Email :

N° ONAC :

N° ONUC :

5. DOCUMENTS TO BE ATTACHED WITH IMPLANTATION PERMIT APPLICATION

- justification an attestation of peaceful usage signed by the quarter head of the mace of parcel situation and two (2) neighbours or any other document taking place
- town planning certificate
- rough detailed and estimated estimate
- situation plan
- rough projected construction plan

NB : These document made up of two copies hence one original and a copy should be filed before the concerned council.

COMMIMENT OF THE APPLICANT

I certify accurate the information's mentioned above

Done in, on

Signature of the applicant

-----x-----x-----x-----x-----x-----
SUBMISSION RECEIPT

Name and surname of the applicants :

Object :

Date of submission :

N' of the document :

Council :

Signature and stamp of the City Council