



SOUTH WEST REGION
FAKO DIVISION
LIMBE CITY COUNCIL

APPLICATION AUTHORIZATION FOR LAND PARCELLING

1. IDENTITY OF THE APPLICANT

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

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.....

Address :

P.O. Box : Tel. :

Email :

Status : Proprietor Representative Others, to be precised

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

.....
.....

Address :

P.O. Box : Tel. :

Email :

2. NATURE OF THE PROJECT AND SITUATION OF THE LAND

Requesting land parcelling authorization concerning the land below notably for the following operation (nature of the project):

- Residential housing estate commercial housing estate industrial housing estate
- Mixed housing estate Other to be specified

Situation of the land

Sub division :

Quarter : Place called :

Street :

Land Title N° :

Suface aera :

Neighbours
 In the North by :
 In the South by :
 In the Ouest by :
 In the Est by :
 Does a public or private servicing exist in the land? ? Yes No

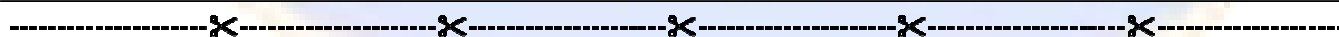
3. DEVELOPMENT PROGRAM
 Number of plots :
 Projected public equipments : :
 Boundary marking of blocks Boundary marking of plots Opening of roads
 Construction of small crossing works Construction of different networks

4. COMMIMENT OF THE APPLICANT

I certify accurate the information's mentioned above Done in, on	Signature of the applicant
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DOCUMENTS ATTACHED WITH THE LAND PARCELLING AUTHORIZATION APPLICATION

- justification of authorization from the proprietor if the declarant is a representative
- Property certificate
- Town Planning certificate
- Situation plan at 1 /5000 or at 1/10000
- Explanatory report of the development part
- Commitment of the landowner to complete the works predicted in the project
- Commitment of the landlord to constitute a buyers trade union
- Project status regulating the buyers trade union



SUBMISSION RECEIPT

Name and surname of the applicants :

Obiects :

Date of submission :

N' of the document :

Council :

Signature and stamp of the City Council