



SOUTH WEST REGION
FAKO DIVISION
LIMBE CITY COUNCIL

DEMOLITION PERMIT APPLICATION

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 Other be precise

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

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Address :

P.O. Box : Tel. :

Email :

2. BUILDING

Localisation and address

Sub division :

Quarter : Place called :

Street :

Land Title N°

'Floor total Surface hors oeuvre':

'Floor surface hors oeuvre to be demolished' :

Number of building/levels and height :

Present conditions of building utilisation and occupation

Dilapidated Abandoned Inhabited Others to be specified:

Operation motives

New construction Renovation Ruin threats Abandoned

Others to be specified

Technical safety measures :

For the stability of the part to be conserved

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For the neighbourhood

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DOCUMENTS TO BE ATTACHED WITH A DEMOLITION PERMIT APPLICATION

- justification of authorization received if the applicant is not the landlord
- Situation plan
- Mass plan of the construction to be demolished or to be conserved
- Deed authorizing the applicant to carry out works if need be

COMMIMENT OF THE APPLICANT

I certify accurate the information's mentioned above

Done in, on

Signature of the applicant

SUBMISSION RECEIPT

Name and surname of the applicants :

Object :

Date of submission :

N' of the document :

Council :

Signature and stamp of the City Council