

MINISTRY OF PHYSICAL PLANNING AND URBAN AND REGIONAL DEVELOPMENT



2nd Floor, Block "C", Secretariat Buildings, Sapele Road, Benin City, Edo State.

| E-mail Address: info.mppud@edostate.gov.ng | Contact: +234 91 288 02734 +234 81 046 63697 |
|---|---|
| Applicant Name: | |
| Applicants Address: | |
| Contact No: | |
| Means of identification.: Driver's License ☐ Intl. Passport ☐ Voters card ☐ NI | IN 🗆 |
| Identification Number.: | |
| The Area Planning Officer: | AFFIX PASSPORT PHOTOGRAPH |
| APPLICATION FORM FOR DEVELOPMENT F | PERMIT |
| 1. Site Address: | |
| 2. I hereby apply for the issuance of a Development permit and planning approva | val to erect |
| B. To this end, I enclose herewith (No.) sets of the detailed working of the proposed/existing building, the particulars of which are as follow [ype of Building (Tick as Applicable) I) Residential (ii) Commercial (iii) Industrial Pls Specify —— vi)Education Pls Specify —— | ws: |
| I. I also enclose herewith the following documents as required for the processing a) Certificate of Occupancy No. & Date: b) Governor's Consent No. & Date: c) Oba's Approved (Original Owners Only) & Date: d) Survey Plan Number/Approved Layout Plan: e) Tax Clearance Certificate No. & date: f) Fire Safety Certificate No. & Date: g) Site Analysis Report & Plan: h) Environmental Impact & Analysis: I) Soil Test Deposit Prepared by a qualified Engineer for Building in Excess | |
| 5. Plan Designer's Particulars: a) Name and Registration No. of Town Planner: b) Name and Registration No. of Architect: c) Name and Registration No. of Engineer: | |
| 6. No. of Floors (Bungalow/Single/2-Storey/3-Storey and above <u>:</u> | |
| 7. Type of use (Ofice/Hotel/Hospital/Petrol Station/WareHouse/Hostel/Others Sp | |
| 8. No. of Families (if residential): | |
| 12. Area of Plot: | |
| I understand and accept that building operations will not commence until after the plan is approved by the N I also understand and accept that the payment of planning fees does not guarantee the approval of the build | |

Signature and Date: _____