

THE PAMPLEMOUSSES/RIVIERE DU REMPART DISTRICT COUNCIL

LOCAL GOVERNMENT ACT 2003

BUILDING ACT 1919

RESIDENTIAL COMMERCIAL INDUSTRIAL OTHERS

<p><u>DOCUMENTS TO BE SUBMITTED</u></p> <ul style="list-style-type: none">- Development permit (photocopy) & approved (stamped) drawings <input type="checkbox"/>- 3 complete sets of drawings including:<ul style="list-style-type: none">(i) Architectural details <input type="checkbox"/>(ii) Structural details <input type="checkbox"/>- CEB Clearance <input type="checkbox"/>- CWA Clearance for new construction <input type="checkbox"/>- Where applicable:<ul style="list-style-type: none">(i) WWWA Clearance <input type="checkbox"/>(ii) Structural drawings signed by VAT registered Professional Engineer <input type="checkbox"/>	<p><u>FOR OFFICE USE ONLY</u></p> <p>Ref. of Dev. Permit :</p> <p>Application Ref. No.:</p> <p>Date of Application :</p> <p>Effective Date :</p> <p>Building Permit Fees:</p> <p>Receipt No.:</p> <p>Received by:</p> <p>Signature:</p>
<p>Applicant (in block letters) : Mr/Mrs/Miss/Messrs</p> <p>Name :</p> <p>Address :</p> <p>.....</p> <p>Tel No.: Fax No.:</p> <p>Email:</p> <p>Identity Card No:</p>	<p>Authorised Agent (if any)</p> <p>Identity Card No:</p> <p>Name :</p> <p>Address :</p> <p>.....</p> <p>Tel no : Fax no. :</p>

PTO

Full Address or Location of proposed development (as per General Rate Receipt) :	<u>Nature of the Development</u> Floor Area :
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Details of Machines to be installed :

Does the proposal involve: Please tick as appropriate:	Name of Engineer: Address: Tel No.: VAT No.: RPEM No.:
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1. New Construction		Name of Draughtsman / Architect: Address: Tel No.: VAT No.: PA Reg. No.:
2. Addition/Extension		
3. Alteration/Repairs		
4. Reconstruction		
5. Demolition		
4. Others		

Is the Applicant the owner of the application site? YES/NO

If NO, please indicate interest in land – LESSEE/ TENANT/ PROSPECTIVE PURCHASER.

Give Name and Address of Owner

Signature of Applicant:

Date:

Name:

FOR OFFICE USE ONLY

Inspector's Remarks:

.....
.....

Date :

Signature

Head of Works Dept/Engineer's Remarks:

.....
.....

Date:

Signature

Any other comments:

.....
.....

Date

Signature

Permits and Licences Committee at its sitting of:

(a) Approved

Applicant informed on

(b) Refused

.....

(c) Not complied with guidelines

.....

(d) Date forwarded to

Fire Department : **Received on:** **Not received by:**

Ministry of Health: **Received on:** **Not received by:**

Others: **Received on:** **Not received by:**

(e) Permit issued on:

(f) Letter of Refusal on