MUNICIPAL COUNCIL OF BEAU-BASSIN/ROSE-HILL BUILDING AND LAND USE PERMIT APPLICATION FORM

Fill in this form to apply for a Building and Land use Permit for the excision of 1 lot from a larger plot of land or subdivision of land among heirs

| Official Use | |
|----------------------|------------------|
| Name: | Application Form |
| REFNO. MORC // | BLP 2 |
| Date of Application. | |
| Effective Date: | |
| Due Date : | |

The BLP GUIDE

The BLP Guide tells you how to fill in this form and about the plans and other documents that you must provide with this application. Ask us for a copy and read it before filling in the application form or read it online on our website https://bbrh.org

List of information, particulars and documents to be submitted (where applicable)

(1) SUBMIT 4 SETS OF PLANS INCLUDING

| LOCATION PLAN (with distances from prominent landmarks) |
|---|
| SURVEY PLAN |

2) DOCUMENTS TO BE SUBMITTED

| COPY OF TITLE DEED |
|--|
| COPY NIC OF OWNER |
| COPY NIC OF REPRESENTATIVE |
| IF YOU ARE NOT THE OWNER - CONSENT OR PROCURATION OF OWNER |
| COPY OF AFFIDAVIT |
| CONSENT LETTER AND COPY OF NIC OF HEIRS |
| CONSENT LETTER AND COPY OF NIC OF USUFRUCT HOLDER |

3) CLEARANCES TO BE SUBMITTED

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| ROAD DEVELOPMENT AUTHORITY CLEARANCE IF SITE IS SITUATED ALONG MOTORWAY A OR B ROAD |
| |
| URBAN TRANSPORT PROGRAMME SECRETARIAT CLEARANCE(Where land is along ex-railway track) |
| FORESTRY CLEARANCE IF SITE IS ALONG MOUNTAIN OR RIVER RESERVE |
| PORESTRY CLEARANCE IF SITE IS ALONG MOUNTAIN OR RIVER RESERVE |
| |
| LAND CONVERSION PERMIT/ NOTARY CERTIFICATE/ATTESTATION OR AFFIDAVIT FOR EXEMPTION FROM |
| LAND CONVERSION |
| CONTOUR PLAN (where land is slopy) |
| |

BLP 2 APPLICATION FORM

PART A: Application & Site Details

| 1. Applicant's Name Address and Contact Details | Title Mr. ☐ Mrs. ☐ Miss. ☐ Hrs.☐ Surname (or company) | |
|---|---|--|
| | First Name | |
| | ID No | |
| We will post any correspondence | Postal address. | |
| to this address | | |
| | Phone (Office)(Home) | |
| | Fax(Mobile) | |
| | Email | |
| 2. Where is your site located? | Location | |
| | Extent. TV No. | |
| 3. Are you the owner of the site? | | |
| | YES \square NO \square | |
| | If NO, Name(s) of owner(s) | |
| | Signature of owner(s) | |
| | ID No. of owner(s) Date | |
| | If you are signing on the owner's behalf as their legal representative, please state your legal authority under and attach documentary evidence (e.g. Power of Attorney, written consent) Attach separate sheet if space is insufficient. | |
| 4. Description of | | |
| proposed development | | |
| | | |
| | | |
| | | |
| | | |

| 6. Do you require a Land Conv | version Permit? |
|--|---|
| YES \square NO \square | |
| If YES, has a LCP been subm | itted? |
| - | exemption from land conversion for those owning up to 10 submit a notary attestation or a sworn affidavit to benefit. |
| 7. Your declaration If applicant is a company or association, the form must be signed by a director or authorized person under common seal. | I apply for consent to carry out the development described in thi application. I declare that all the information given is true and correct to the best of my knowledge, I also understand that: (a) an effective date will be given to my application is all plans and documents specified in the technical checklist accompanying this form have been submitted or if incomplete, the Council will request me to submit the missing documents within 8 days of the application |
| | Signature: Date: |
| 8. Declaration by applicant relating to service providers, | I / we hereby declare that the following agents/companies have prepared the plans submitted by me/us. |
| e.g. / Architect/ Town Planner/ Draughtsman/ Sworn Land | Name of Surveyor/Town Planner |
| Surveyor and | Draughtsman : |
| Engineer | Engineer: |
| | Vat registration no. if applicable: |
| | Phone No. of Service Provider: |
| | Signature of applicant |

PART B: SCHEDULE OF FEES PAYABLE ON ISSUE OF PERMIT

| • | Excision/Subdivision of land among heirs – Rs 500/lot | | | |
|---------|---|------|--|--|
| | Number of lots: | | | |
| | Total Fees: Rs | | | |
| I he | ereby certify that the above is correct | | | |
| Sig | rnature of Service Provider | Date | | |