Fill in this form to apply for a Building and Land Use Permit for a residential development not exceeding Ground floor +3 levels and submit it together with the information, particular and documents as per checklist below.

**Official Use**
Name: ...........................................
REF. No...RESI............./........./...........
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 from our website (www.dcp.mu)

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

(1) Are you the owner of the site?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBMIT YOUR TITLE DEED</strong></td>
<td><strong>YOU MUST SUBMIT:</strong></td>
</tr>
<tr>
<td></td>
<td>1. OWNER/S CONSENT</td>
</tr>
<tr>
<td></td>
<td>2. ID NUMBER/S OF OWNER</td>
</tr>
<tr>
<td></td>
<td>3. LEASE DOCUMENT OR OWNER ‘S TITLE DEED</td>
</tr>
</tbody>
</table>
(2) SUBMIT 3 SETS OF BUILDING PLANS INCLUDING:

<table>
<thead>
<tr>
<th>Plan Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION PLAN</td>
</tr>
<tr>
<td>SITE PLAN</td>
</tr>
<tr>
<td>LAYOUT PLAN</td>
</tr>
<tr>
<td>SECTION PLAN</td>
</tr>
<tr>
<td>ELEVATION PLAN</td>
</tr>
<tr>
<td>STRUCTURAL DETAILS</td>
</tr>
<tr>
<td>SURVEY PLAN</td>
</tr>
<tr>
<td>CONTOUR PLAN (WHERE LAND IS SLOPY)</td>
</tr>
<tr>
<td>CONTEXT PLAN (FOR PROJECTS OF MORE THAN 10 UNITS)</td>
</tr>
</tbody>
</table>

(3) CLEARANCE TO BE SUBMITTED:

<table>
<thead>
<tr>
<th>Clearing Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAD DEVELOPMENT AUTHORITY CLEARANCE IF SITE IS SITUATED ALONG MOTORWAY OR A or B ROAD</td>
</tr>
<tr>
<td>CLEARANCE OF FORESTRY SERVICE IF LAND BORDERS A MOUNTAIN RESERVE OR A RIVER, RIVULET OR FEEDER</td>
</tr>
<tr>
<td>URBAN TRANSPORT PROGRAMME SECRETARIAT CLEARANCE(Where land is along ex-railway track)</td>
</tr>
<tr>
<td>Dept of CIVIL AVIATION CLEARANCE( Where airport constraint zones apply)</td>
</tr>
<tr>
<td>LAND CONVERSION PERMIT</td>
</tr>
<tr>
<td>NOTARY'S CERTIFICAT/ATTESTATION OR SWORN AFFIDAVITE FOR EXEMPTION FROM LAND CONVERSION</td>
</tr>
</tbody>
</table>

(4) DOCUMENTS TO BE SUBMITTED *(where appropriate)*:

<table>
<thead>
<tr>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSENT FROM USUFRUCT</td>
</tr>
<tr>
<td>NEIGHBOUR’S/S CONSENT</td>
</tr>
<tr>
<td>NUMBER OF NATIONAL IDENTITY CARD OF NEIGHBOURS</td>
</tr>
<tr>
<td>NUMBER OF NATIONAL IDENTITY CARD OF APPLICANT</td>
</tr>
</tbody>
</table>

IMPORTANT NOTE: YOU ARE ALSO REQUESTED TO PROVIDE A SOFT COPY OF ALL DOCUMENTS AS MENTIONED ABOVE.
**PART A: Application and 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 to this address
       - **Postal address**……………………………….
       - ………………………………………
       - Phone (Office)…………….. (Home)…………
       - Fax………………………... (Mobile)………
       - Email……………………………….…………….

2. **Where is your site located?**
   - Location Address………………………………
   - …………………………………
   - Extent………………………………………..
   - **TV No.** ………………………………………
   - **Is your site sewered?**
     - **Yes/No** (Delete as appropriate)
   - **Is the site located within a morcellement?**
     - **Yes/No** (Delete as appropriate)

3. **Are you the owner of the site of proposed development?**
   - **YES □ NO □
     - 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**
   - …………………………………………………
   - …………………………………………………

5. **Present use of the site**
   - …………………………………………………
6. 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 this 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 if 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 my application.

Signature:……………………… Date:……………………

7. Declaration by applicant relating to service providers, e.g. / Architect/ Town Planner/ Draughtsman/ Sworn Land Surveyor and Engineer

I / we hereby declare that the following agents/companies have prepared the plans submitted by me/us.

Name of Architect/Town Planner: ______________________
Draughtsman: ______________________
Engineer: ______________________

Vat registration no. if applicable: …………………..

Phone No. of Service Provider: …………………

Signature of applicant: ………………………………..

PART B: SCHEDULE OF FEES PAYABLE ON ISSUE OF PERMIT

1. Construction of building or part of building, including extension to/or conversion of existing building

- (a) of a floor area of not more than 250m²
  Rs10/m² (subject to a minimum of Rs500)
  Total Floor Area: ……………..m²  Rs…….

- (b) of a floor area of more than 250m² but not more than 500m² – Rs20/m²
  Total Floor Area: ………………m²  Rs…….

- (c) of a floor area of more than 500m² – Rs50/m²
  Total Floor Area: ……………… m²  Rs…….

- 2. Extensive alterations or repairs to an existing building  Rs1,000

I hereby certify that the above is correct

Signature of Service Provider Date: …………………