



ADAMAWA STATE OF NIGERIA

Adamawa State Urban Planning and Development Board

Application for Approval of Individual Building Permission

ABP	ABP Number	(Fill in CAPITAL LETTERS and tick the appropriate items. DO NOT FOLD this form)	ADL	ADGIS File Number
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Check the guideline for application processing fee and must be paid before or at the point of submission of the Permission Application

BOX 1 APPLICANT (The person whose name would be reflected on the Building Permission)

All applicants must complete Box1 in full. The Original identification document used to prove identity must be submitted; it will be copied and returned

Title: _____	First: _____	Middle: _____	Surname: _____
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____	Occupation: _____
Nationality: _____	State of Origin: _____	Local Gov.: _____	
Phone 1: _____	Phone 2: _____	Phone 3: _____	
Email: _____			
Identification: <input type="checkbox"/> International Passport	<input type="checkbox"/> Tax Identification Card	<input type="checkbox"/> National ID Card	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter Registration Card	<input type="checkbox"/> ID Number	

BOX 2 ADDRESS

All applicants must complete Box2 in full. This should be your normal residential address.

House No: _____	Street Name: _____		
District: _____	City/Town: _____	State: _____	
Country: _____	P.O. /P.M.B.: _____	C/O: _____	
Additional Address Information: _____			

BOX 3 REPRESENTATIVE

Applicants who wish to appoint a representative must complete Box3 in full. The original identification document used to prove the identity of the representative must be submitted; it will be copied and returned. Applicants Note: the representative is authorized to submit and receive information and documents pertaining to this application.

First: _____	Middle: _____	Surname: _____
Phone1: _____	Phone 2: _____	Email: _____
Identification: <input type="checkbox"/> International	<input type="checkbox"/> National ID Card	<input type="checkbox"/> Voter Registration Card
<input type="checkbox"/> Passport Tax	<input type="checkbox"/> Driver's License	ID Number: _____
<input type="checkbox"/> Identification Card		

BOX 4 REPRESENTATIVE'S ADDRESS

All applicants must complete Box 2 in full. This should be your representative normal residential address.

House No: _____	Street Name: _____	
District: _____	City/Town: _____	State: _____
Country: _____	P.O. /P.M.B.: _____	C/O: _____
Additional Address Information: _____		

BOX 5 PLOT

Please fill in the below information of the plot that has been or will be developed.

Land Use: _____	Purpose: _____
District: _____	L.G. A: _____
Plot Description / Address: _____	

BOX 6 REQUIRED DOCUMENTS

Applicants should submit all the relevant documents, with minimum requirement indicated below. If you have multiple relevant documents, please submit them, and tick the documents that you acquire. Please note that any drawings should be endorsed by a relevant professional.

<input type="checkbox"/> Copy of the Digital Certificate of Occupancy (KADGIS)	<input type="checkbox"/> Site Analysis Report
<input type="checkbox"/> Copy of ADGIS Acknowledgement Letter (in case you applied for digital C of O)	<input type="checkbox"/> Copy of AEPA's Approval on EIAR
<input type="checkbox"/> Copy of Structural Drawing and Details	<input type="checkbox"/> Copy of ADGIS DLA Sketch Plan
<input type="checkbox"/> Copy of Structural Calculations	<input type="checkbox"/> Soil Investigation Report
<input type="checkbox"/> Copy of Architectural Drawing and Details	<input type="checkbox"/> Copy of Service Approvals (Fire and Police Reports)
<input type="checkbox"/> Copy of Mechanical/Electrical Drawings and Details	<input type="checkbox"/> Copy of Tax Clearance Certificate

BOX 7 SIGNATURE

All applicants must affix their signature; the application will not be accepted without signature. In the case of a representative, they must also affix their signature.

Applicant Signature: _____	Representative Signature: _____
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FOR OFFICIAL USE ONLY

Application Date: ____ / ____ / ____

Application Fees: Application Processing Fee

Application Type: New Proposal Renovation As-Built Remodeling Regularization