



ADAMAWA STATE OF NIGERIA

Adamawa State Urban Planning and Development Board

Application for Approval of Individual Building Permission

<b>ABP</b>	ABP Number	(Fill in <b>CAPITAL LETTERS</b> and tick the appropriate items. <b>DO NOT FOLD</b> this form)	<b>ADL</b>	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 Box 1 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 Box 2 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 Box 3 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: _____
Phone 1: _____	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