## APPLICATION FOR OBTAINING A DEVELOPMENT PERMIT FOR SUB DIVISION OF LAND

	FOR OFFICE USE ONLY
The Secretary,	NO:
Urban Council, Trincomalee.	Processing fees paid
	Receipt No & Date
Sir,	
Name:	
Address	
	Division of My/our Land bearing Assessment No:
	Survey plan No: Lot No:
I/We forward herewith the following particulars qualified person.	s in triplicate duly signed by me/us and the
adjoining site owned by the applicant sh  02. A survey plan of the site /land to a scale  (a) The location of the site including fig  (b) The scale of the plan, the North poin buildings.  (c) The means of access to the site  (d) All existing drains and water courses  (e) Service lines including Electricity po  (f) Contours or spot level's of the site an  (g) Trees and Vegetation.  03. A detailed blocking out plan to a scale o  Division of lots together with their dime proposed streets, open space for other an site will be put to.  04. The proposed formation levels of street is and longitudinal sections to scale.  05. The particulars detailed in the annexure.	O ( the site in question along with any other ould also be clearly shown ) of not lass than 1 : 1000 ured dimensions of buildings if any. It and Assessment Numbers of adjoining lots or sower lines. In the levels on the street in front.  If not less than 1 : 1000 showing the propose sub insions and extent direction and width of all inenities to be reserved and the use to which every the relation to existing levels with cross section.
I/We certify that the information given above ar	re true and correct.
I/We undertake not to commence any developm	ent activity till the permits are granted.
Signature of Qualified person	Signature of Owner

Contact	No:	 	 	
Comaci	110	 	 	

## Amalgamation & Sub Division Charge 1500/-

S.No	Required Documents	$\sqrt{X}$
1.	Application Form	
2.	Survey Plan Original + 3 Certified	
	true Copy from Surveyor	
3.	Deed Copy	
4.	History Sheet <b>Copy</b>	
5.	Survey Plan <b>Old Copy</b>	

<u>ACH</u>		
Please Report,		Remarks :-
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	•••	
Ward No :		
Sec / MR		
•	_	
Sub Division & Amalgar	nation	
Charges — 1500/-		
	I	
May Recover Please,		
Cashier Signature:		Approved Plan Receiver Signature:-
Receipt No :		
•		NIC No:-
Date :		