

MINISTRY OF NATURAL RESOURCES,
PETROLEUM AND MINING
LAND UTILIZATION AUTHORITY

Second Schedule

Form for Application for **FINAL APPROVAL** to subdivide under the Land Utilization Act 1993.

1. NAME OF APPLICANT: _____

2. ADDRESS OF APPLICANT: _____

Tel. No.: _____ Email Address: _____

3. NAME OF LANDOWNER: _____

4. ADDRESS OF LANDOWNER: _____

Tel. No.: _____ Email Address: _____

5. ADDRESS AND LOCATION OF LAND SUBJECT TO APPLICATION

6. NUMBER OF LOTS: _____

7. SPECIFY NUMBERS AS SHOWN ON SURVEY PLAN: _____

8. PLEASE SUBMIT COPIES OF THE FOLLOWING:

- Documentary and certified evidence that all conditions attached by the Minister to *Provisional Approval* have been complied with.
- Tax Statement showing zero balance.
- An authenticated plan of all surveys of land covered by the application.

Entry No: _____ Reg. No: _____

9. ANY ADDITIONAL COMMENTS PERTAINING TO THE APPLICATION.

I hereby certify that all information and answers provided on this application are complete and true to the best of my knowledge.

Signed _____ Date: _____

Received this _____ day of _____, _____

Officer

** APPLICATION WILL NOT BE ACCEPTED IF REQUIRED DOCUMENTS ARE NOT ATTACHED. APPLICATION MUST BE HAND-DELIVERED TO THE DEPARTMENT*

For official use only

	Recommended	Signature	Date
PRINCIPAL PLANNER	<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMISSIONER	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HON. MINISTER	<input type="checkbox"/> Yes <input type="checkbox"/> No		