

APPLICATION FOR RENOVATION PERMIT

| To: | Director Physical P Kampala Capital C | _ | y | | | |
|--|--|--------|---------|------|----------------|----------|
| PLOT | No.: | | BLOCK | No.: | | |
| STRE | ET | | DIVISIO | N: | | |
| APPL | ICANT'S NAME: | | | SIG | NATURE: | |
| TELEI | PHONE CONTACT | : | | | | |
| APPL | ICANT'S PHYSICAI | ADDRES | S: | | | |
| | nnection with the wo | | • | | | |
| Description of proposed renovations: | | | | | | |
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| FOR KCCA OFFICIAL USE ONLY | | | | | | |
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| Dei | ferred– Reason | | | | | |
| Dei | nied- Reason | | | | | |
| (Attach comments on a separate page where necessary) | | | | | | |
| Please note that this permit is temporary, KCCA reserves the right to revoke it, at any time without prior notice, in case of breach of any of the provisions in the Physical Planning Act, Public Health Act and building rules or any other law. | | | | | | |
| | | | | | | |
| Name. | | | Signa | ture | Date | |
| Tittle | | | | | | |
| | | | | | P. O. Box 7010 | Kampala- |