



**SAVUSAVU TOWN COUNCIL  
P.O.BOX 201  
MAIN STREET  
SAVUSAVU**

**APPLICATION FOR PERMISSION TO ERECT, REBUILD, ADD TO OR REPAIR A BUILDING**

Sanitary District of: SAVUSAVU TOWN COUNCIL

**Application No:** **STC** .....

Name & Address of Owner: .....

Phone Contact & Email Address: .....

Name, Address and Phone of Builder: .....

Location of building or proposed building; street: .....

Section: ..... Lot: .....

Class of Building (House, Shop or other building): .....

Number and Particulars of rooms and offices: (Given Dimensions)

.....

**Value of Building (\$):** .....

Full description of materials to be used: (stating whether new or second hand)

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Description of drainage of building and drainage of storm water:

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Means of Lighting & ventilation: .....

Type of foundation: (Whether raised from the ground)

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Sanitary Accommodation: .....

Water supply: .....

Details of bathrooms, washing place, kitchen and any out buildings in connection with buildings:

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I declare that to the best of my knowledge and belief, the foregoing particulars are correct in every detail and that if this application is approved the building will be erected, altered, rebuilt, added to or repaired in strict conformity with the plans and specifications.

Submitted and in accordance with regulations and requirements of the Savusavu Town Council.

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Signature of Applicant

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Date