

THE REPUBLIC OF UGANDA
THE WATER ACT (Cap. 152)
The Water Resources Regulations, 1998

APPLICATION FOR A CONSTRUCTION PERMIT FORM F1

To be completed in triplicate (3)

1.- NAMES AND ADDRESSES

Name of Company/Co-operative Society/Public Corporation/Partnership* _____

Address: _____

Telephone: _____

Designation: _____

Acting for Company/Cooperative Society/Public Corporation/Partnership* _____

Postal address (if different from above): _____

District: _____

Main Activity: _____

* *Delete what is not applicable*

**2.- COMPANY/CO-OPERATIVE SOCIETY/ PUBLIC CORPORATION/
PARTNERSHIP NAME**

Will you work for a company under your permit? () Yes () No

If so, please give the name, address, registered number and trading licence of that company:

Name: _____

Address: _____

Date of registration: _____

Trading Licence No: _____ Date of Issue: _____

3.- EQUIPMENT

List the relevant construction equipment and vehicles possessed by you or your employer. Attach an extra sheet if necessary.

4.- STAFF

Give brief details of the name, age, relevant qualifications and experience of any people employed by you or the company, who will work on construction under the permit.

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5.- YOUR EXPERIENCE

What formal qualifications do you have to undertake a construction work?: _____

Give details of any previous construction permit which you have held.: _____

Give the following details about any construction work you have previously undertaken:

Client name: _____

Description of work: _____

Date of work: _____

6.- FURTHER RELEVANT INFORMATION

Attach any other relevant information to the one already specified.

DECLARATION OF THE APPLICANT

I certify that the information provided in this form is correct to the best of my knowledge. I also agree that no decision will be made pursuant to this application until I receive a notification from the Director of Water Development that I have provided all the necessary information.

Signature of applicant

Seal/Stamp

Names in full: _____

Date: _____

NOTE

When you have completed this form and the appropriate attachments, you must attach CASH or CHEQUE for Ushs.....for processing the application and send them to:

The Director
 Directorate of Water Development
 P.O. Box 20026
 Kampala

The Director may require you to advertise this application at your cost in a way specified by the Director.

OFFICIAL USE ONLY

RECEPTION DATE: (D)_____ (M)____ (Y)_____ . APPLICATION NUMBER: _____

Official Stamp and Signature: