**Вх. №.....................................**

**Дата.......................................**

**Документ за платена такса**

№**..............................................**

**ДО**

КМЕТА НА ОБЩИНА ДУПНИЦА

**ЗАЯВЛЕНИЕ**

Удостоверение за допуснати и одобрени ПУП в хигиенно защитната зона при изработване на ПУП

**От..........................................................................................................................ЕГН.........................Живущ в гр.(с.)......................................................................ул.(жк)..........................№........бл.......**

**Вх............., Ет............, Ап.........., Тел................................................, e-mail:.....................................**

**Представител на.............................................................................................ЕИК.............................**

**Адрес: гр.(с.).....................................................ул.(жк).......................................................................**

 **Господин Кмет,**

 **С настоящото заявление желая.............................................................................................**

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 **Прилагам следните документи:**

1. **Документ за собственост;**
2. **Схема на санитарно-хигенна обстановка - 2 екземпляра**

**Документът ще ми послужи за/пред ................................................................................................**

**.................................................................................................................................................................**

Такса за извършена техническа услуга : 50,00лв.

Срок за изпълнение : 14 дни

**Дата: ............................ Подпис: ...........................**