



ROYAL GOVERNMENT OF BHUTAN  
DZONGKHAG ADMINISTRATION  
WANGDUE PHODRANG  
“Urban Development & Municipal Services”



Office Use Only

Application No:

Date: / /

Application for a Planning Permit

**Owner Details:** Provide details of the land owner.

Passport Size Photo

Title:

First Name:

Last Name:

Sex: Male ( ) Female ( )

Organization (if applicable):

CID No:

**Present Address:**

Dzongkhag:

Gewog/Dungkhag:

Throm:

Contact No:

Email ID:

Postcode:

**The Land:** Address of the Land.

Thram No:

Plot No:

Area:

Location:

**The Proposal:** You must give full details of your proposal and attach the information required to assess the application.

**For what use, development or other matter do you require a permit?**

**Existing Conditions:** Describe how the land is used and developed now:



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**Declaration:**

I declare that I am the applicant; and that all the information in this application is true and correct; and the owner (if not myself) has been notified of the permit application.

Signature:

Date:

Day / month / year

**Checklist:** Provided all necessary supporting information and documents:

1. Clearance from the Bhutan Power Corporation (BPC).
2. Environment Clearance.
3. Road Clearance (if the plot is adjacent to National Highway).
4. No Objection Certificates from the Department of Culture, MoHCA (if the plot is within the Dzong precinct, Heritage etc).
5. No Objection Certificates from the Department of Forest and Park Services, MoAF (of the plot falls in buffer zone).
6. Clearance from Neighbor (if applicable).
7. Attached copy of Lag Thram.
8. Official Site Plan.

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Noting of the dealing officer with the regard to fulfilling the above required documents.

Permitted ( ) Not Permitted ( )

Permit No:.....Date Issued:.....

(Note: Permit expires if the work is not started within two years after the issuance of the permit or two years from last inspection)

Name & Signature of Dealing Officer :.....( Date: / / )

Name & Signature of Municipal In charge..... (Date: / / )

Name & Signature of Approving authority:..... (Date: / / )