

BENUE STATE URBAN DEVELOPMENT BOARD, MAKURDI.



APPLICATION FORM FOR STREET NAME

A. PARTICULARS OF APPLICANT

(Applicant is to attach 12 Copies of detailed C.V.)

1.	Name of Applicant:
2.	Postal Address:
3.	Residential Address
4.	Telephone Nos
5.	E-Mail Address
6.	State your Office and place of work (Be specific)
7.	State briefly and concisely the contributions you have made to the Society to
	deserve this honour
B)	DETAILS OF STREET UNDER APPLICATION
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8.	Type of access e.g. Road, Crescent, Street, Close, Avenue Location Present condition of access (e.g. Tarred, literited, not passable etc)
8. 9. 10.	Type of access e.g. Road, Crescent, Street, Close, Avenue Location Present condition of access (e.g. Tarred, literited, not passable etc)
8. 9.	Type of access e.g. Road, Crescent, Street, Close, Avenue Location Present condition of access (e.g. Tarred, literited, not passable etc) Type of Structure owned on the access (e.g. Residential building, Stores,
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14. What are your impacts on the street and the neighbours?

C) OTHER GENERAL ISSUES

15. Give any other useful information regarding your application

16. If the need arises, would you accept an alternative street from the one under application.
17. Have you applied for street name before? (If yes give the date and other details).

D) ATTESTATION

I.....the applicant hereby certify that all the information given in this application form are to the best of my knowledge and belief, true, and I am aware that any false claim by me to the Street Naming Committee (SNC) or to the Benue State Urban Development Board, shall lead to the rejection of my application or the withdrawal of any approval granted in addition to any legal action that would be taken against me.

E) OFFICIAL USE ONLY

18.	Date of Site Inspection	
19.	Observations made during inspection	
20.	Decision of the Street Naming Committee	
21.	Other remarks by SNC	
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22.	Fees to be Paid N	

Chairman SNC (Name, Signature and Date) **Secretary SNC** (Name, Signature and Date)