

**SCHEDULE  
THE PHYSICAL PLANNING ACT  
(CAP 286)**

**CERTIFICATE OF COMPLIANCE**

Form P.P.A 5  
r.4 (3)

Certificate No. --  
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Name and Address of the Applicant -----  
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Type of Development (Industrial, Commercial etc.) -----

On L.R/ Parcel No. -----Situated in -----

Road -----Locality (Municipality,  
Township, etc.)

Received from ----- (Local Authority) by Ref. No -----

of -----

Issued by ----- (Name of  
Officer)

----- Signature  
For: Director of Physical Planning

Department seal

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Minister for Lands