

AMERICAN SAMOA GOVERNMENT
LAND USE PERMIT APPLICATION

Application Number:

SECTION 1: Information About the Applicant

NAME: Last _____ PHONE NO. Home _____ Work _____
First _____ OTHER CONTACT: _____
ADDRESS: _____ Email: _____

SECTION 2: Proposed Land Use

- RESIDENTIAL COMMERCIAL INDUSTRIAL AGRICULTURE
 RELIGIOUS EDUCATIONAL RECREATIONAL TRANSPORTATION
 ASG FACILITIES COMMUNICATIONS CULTURAL OTHER

SECTION 3: Proposed Activities

- New Construction Roads/Driveways Filling Dredging Drilling
 Repair Paving Walls/Fences Clearing Mining
 Demolition Extension Excavation Other _____

PROJECT DETAILS

Building footprints (sq. ft.) _____ Gross Floor Area (All Floors) _____

Building Height _____ Number of Floors _____ If Residential. Number of Units _____

Number of Proposed Parking Spaces _____ If Commercial, What Type _____

If Industrial, What Type _____

Do you have a Business License for the proposed activity? _____ YES _____ NO

If YES, Bus. Name _____ Estimated Project Start Date _____

Estimated Project Completed Date _____ Estimate Project Cost _____

Is any of the proposed work underway or completed? _____ YES _____ NO. If YES, describe the work and provide an explanation for why you began the work without first obtaining permits.

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SECTION 4: Authority to Use and Occupy the Land

Is this land Registered? _____ YES _____ NO If YES, Attach a copy of the Certificate of Registration and Survey

Is the land Leased? _____ YES _____ NO If YES, Attach a copy of the Lease Agreement and Survey

(Complete the appropriate part below)

COMMUNALLY – OWNED LAND

If a legal description and survey are available, please attach a copy. If not, please provide a detailed description of the land to be used in your project:

Name of Land _____ Village _____ County _____

If the land is communally owned, you must present this application to your (Sa'o) Matai, or if there is no matai, to at least two senior matais in your family for their consideration and signature.

I/We, _____ and _____ certify that I/We are matai of the _____ Family, which owns the land described in this Application, and hereby grant the

Application permission to use the land as proposed.

Sa'o/Matai Date

Date

VERIFICATION OF COMMUNAL OWNERSHIP Matai

If the land is communally owned, you must also present this Application to your Pulenu'u and to the Office of Samoan Affairs for verification of the of the communal land ownership described above.

We, the undersigned, hereby verify that the land described in this Application is owned by the _____ family and that the individual(s) who signed the application as matai hold the titles necessary to grant permission to use the land.

Pulenu'u Date Secretary of Samoan Affairs Date

FREEHOLD OR INDIVIDUALLY-OWNED LAND

If the land is freehold or individually-owned, you must attach a copy of the Certificate of Registration to the land and have the owner certify that he permits your project(s).

I, _____, certify that I own the land described in this application and grant the applicant permission to use the land as proposed.

Owner Date

GOVERNMENT-OWNED LAND

If the land is government-owned, you must hold a valid Lease or Agreement to Lease before you can submit this Application. If you do not hold a valid Lease or Agreement to Lease, you must submit an Application for Real Property Lease to the Real Property Management Board (RPM B), for review and will forward a recommendation t the Governor for his Approval or Disapproval.

GOVERNOR'S DECLARATION: I declare that the property described in this Application is owned by the American Samoa Government, and that the applicant holds a valid Lease or Agreement of Lease. Permission to use the land for the purpose stated in this Application is contingent upon the applicant first obtaining both Land Use and Building Permits.

Governor Date

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SECTION 5: Agents for the Applicant

WHO WILL BE DOING THE WORK:

Architect/Engineer: _____

Address _____ Telephone _____

License Number _____

Contractor/Tradesman: _____

Address _____ Telephone _____

License Number _____

SELF BUILT:

All construction must conform to the current Uniform Building Code as adopted by the ASG, and will be inspected by the Department of Public Works.

SECTION 6: Applicant's Certification

I have read and understand the contents of this Application and certify that all of the information provided is true. I understand that I am not permitted to begin work until I obtain both Land Use and Building Permits. I authorize employees and representatives of the American Samoa government to enter upon and inspect the property involved in this Application.

Applicant

Date

SECTION 7: Staff Evaluation and Certification

THIS SECTION TO BE COMPLETED BY DOC & DPW STAFF

IS A ZONING VARIANCE REQUIRED? ____ YES ____ NO If YES, what type(s) _____

IS THE PROPERTY SUBJECT TO FLOODPLAIN MANAGEMENT REGULATIONS ____ YES ____ NO

T-MAP SHEET NO. _____ T-MAP COORDINATES X _____ Y _____

STATISTICAL INFORMATION

LAND OWNERSHIP/USE/ACTIVITY CODE

STAFF CERTIFICATION

(Please complete the appropriate section)

1. I certify that I have reviewed this application and have determined that no Zoning Variance are required for this project

2. I certify that I have reviewed this application and instructed the applicant to make a separate application to Zoning Board for a Variance before a Land Use Permit will be issued.

FINAL CERTIFICATION OF COMPLETION

I hereby certify that this Application is complete.

DOC Compliance Division Manager

Date