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| BOSNA I HERCEGOVINA | BOSNIA AND HERZEGOVINA | | |  |
| FEDERACIJA BOSNE I HERCEGOVINE | FEDERATION OF BOSNIA AND HERZEGOVINA | | |  |
| ZENIČKO-DOBOJSKI KANTON | ZENICA-DOBOJ CANTON | | |  |
| **GRAD ZENICA** | **CITY OF ZENICA** | | |  |
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| **Department of Urban Planning** | |  |  |
| (Name of the applicant/name of the legal entity) |  |  |
| **(Info. tel. 032 401 019)** | |  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of admission: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| (Residential address / headquarters) |  |  |  |  |
|  | Protocol No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |



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(Telephone)

**SUBJECT: *Amendment of urban planning consent***

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(Number and date of the Decision on urban planning consent)

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(Reasons for seeking amendment of the Decision)

Explanation of the Request with the data necessary to determine urban-technical conditions:

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**ENCLOSURE:**

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| **Ordinal No.** | **NAME OF THE DOCUMENT** | **DOCUMENT IS ISSUED BY / OWNED BY** | **FORM OF THE DOCUMENT** | **COMMENT** |
| 1. | A copy of the cadastral  plan with data about the users regarding  specific and neighbouring parcels | Management for Property -Legal, Geodetic and Cadastral Affairs | Original |  |
| 2. | The decision on urban planning consent whose changes are required | Department of Urban Planning | Original | Shall be provided in the line of duty |
| 3. | Proof of payment of administrative fee | Post office - Bank - stamp duty | Original |  |
| 4. | Conceptual solution | Legal entity registered for design works | Original |  |

**Taxes and fees (the amount and method of payment):**

Fee for changing the urban planning consent in the amount of 20 KM can be paid by revenue stamp or at the account No. 134-010-0000042994, type of revenue 722131, budget organization 150 1001, reference No.: 103, recipient: Zenica City.

**Deadline for resolving the complete application:** 10 days.

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| Zenica, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Date of submitting the request) | (Signature of the applicant) |