REPUBLIC OF VANUATU

PHYSICAL PLANNING ACT [CAP 193]

Prescribed Application Form and Fee for Appeal
Order No. 85 of 2025

In exercise of the powers conferred on me by subsection 15(2) of the Physical Planning Act [CAP 193], I, the Honourable ANDREW SOLOMON NAPUAT, Minister of Internal Affairs, make the following Order.

1 Prescribed application form

The prescribed application form for appeal is set out in the Schedule.

2 Prescribed application fee

The prescribed application fee for appeal is VT50,000.

3 Commencement

This Order is taken to have commenced on 17 March 2025.

Made at Port Vila this 30 **day of** April **, 2025.**

REPUBLIC OF VANUATU
MINISTER OF INTERNAL AFFAIRS
MINISTRE AFFAIRES INTÉRIEURES
REPUBLIQUE DE VANUATU

Honourable ANDREW SOLOMON NAPUAT
Minister of Internal Affairs

SCHEDULE

APPLICATION FORM FOR APPEAL



DEPARTMENT OF URBAN AFFAIRS AND PLANNING UNDER THE MINISTRY OF INTERNAL AFFAIRS
Private Mail Bag 9016, Port Vila, Vanuatu
Telephone: (678) 22500 VOIP: 3171



(Official use only)	
Appeal Ref. No.:	
Date Received:	
Appeal Respond period (days):	
Appeal Application Fee – 50,000VT	

IMPORTANT NOTES:

Under the Physical Planning Act [CAP193] ("the Act") Section 15, states that a person aggrieved by a decision of a Council under this Act may appeal to the Minister within 7 days of being served with the written notice of the decision.

This application form and other supporting information provided with it are for the purpose of enabling the appeal assessment process as per the Act. The information supplied in this form must be true and accurate describing the subject to your appeal.

Your application will not be considered unless you provide the following documents to the Office of the Director, Department of Urban Affairs and Planning ("the DUAP"):

(a) complete signed appeal form; and

(b) all relevant attachments and information required as stated in **Section 4** of this form; and

(c) the application fee of VT50,000. This is payable to the Government of Vanuatu in advance and an official receipt must be included with your application. (*This fee is non-refundable once paid.)*

SCHEDULE
APPLICATION FORM FOR APPEAL

Section 1. Applicant Details		
Full Name(s):		
Business details: Please Tick ❑ Registered Business ❑ Other organisation		
Organisation name:		CT Number:
Physical Address:		Mailing Address
Telephone:	Mobile:	Email:

Do you have an Agent acting on your behalf?		YES ☐ ☐
Name of the Agent (As an Individual/LTD):		
Physical Address:		Mailing Address
Telephone:	Mobile:	Email:

Section 2. LOCAL AUTHORITY (COUNCIL) DETAILS	
Date of the Application Lodge	
Application Reference # OR Registration #	
Date for the issuance of the Council Decision Notice	
Council Responsible	
Council Decision #	
Council Physical Planning Area	

Section 3. APPEAL INFORMATION	
Type of Development Refuse/Decline by the Council	
Reason (s) for your Appeal	
(Provide A Statement summarizing the Development Application and the Council Decision.)	

Section 4. APPEAL APPLICATION - REQUESTED DOCUMENTS	
Requested Documents	Document Attached YES/NO?
1. Copy of the Council Decision Notice	
2. Signed Copy of the Development Application	
3. Location Map of the Development subject Area	
4. Land lease Documents/ Other related land documents	
5. Signed Statement from the Applicant relating to this Appeal	
6. Other relevant Documents as requested by the Director - DUAP	

Section 5. APPLICANT (S) STATEMENT AND DECLARATION

SCHEDULE
APPLICATION FORM FOR APPEAL

I /We_____ applicant(s) declare that the above information is true and correct to the best of my/our knowledge and that all relevant information has been provided to allow the Minister to make a proper informed decision.

Signature(s) _____

Date: _____

(Official use only)			
Section 6. PAYMENT OF FEES CHECKLIST *(Official use only)*			
Appeal Application Fee	Amount Paid	Gov. Receipt Number	Date of Payment

Section 7. APPEAL RECOMMENDATION(s) *(Official use only)*	
Steering Committee Recommendations	
Appeal Decision	
Date for Appeal Decision	