Building Legalisation Check List

Full Name:						
Maiden Name (if a	pplicable): .					
Home Address:						
Property Address (if different)					
Phone Number:			Mobile Number:			
Email Address:						
Passport Nº:			Expiry Date:			
Date Of Birth:			Residencia NIE Number:			
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed						
Property Type:Year of Construction:						
No. of Bedrooms:No. of Bathrooms:						
Property M ² :			Plot M ² :			
Plans Available:	☐ Yes	□No	Building Licence:	☐ Yes	□No	
Final De Obra :	□ Yes	□No	Modelo 902N:	☐ Yes	□No	

The information that you supply via this form will be entered into a filing system and will only be accessed by authorised persons of SEGESP or its agents. The information will be retained by SEGESP and will only be used for the purpose of (a) processing the service requested, and (b) summary information for statistical and audit purposes. By supplying such information you consent to SEGESP storing the information for the stated purposes. The information will not be shared with any person or company outside of SEGESP unless needed for the provision of the service requested. The information is held by SEGESP in accordance with the provisions of the Data Protection Act 1998.

Cost: price on application