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| Razpis Občine Kamnik za subvencioniranje dela stroškov nakupa in vgradnje malih komunalnih čistilnih naprav (MKČN) na območju občine Kamnik |

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| **VLOGA ZA SUBVENCIJO - MKČN (VEČSTANOVANJSKA STAVBA)** |

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| 1. PODATKI VLAGATELJA (Izpolnite čitljivo in s tiskanimi črkami!)
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| 1.1 | Ime in priimek: .......................................................................................................................... |
| 1.2 | EMŠO:  |  |  |  |  |  |  |  |  |  |  |  |  |  | Davčna številka: |  |  |  |  |  |  |  |  |
| 1.3 | Ulica, hišna št., poštna št., pošta: ……........................ .............................................................. .................................................................................................................................................... |
| 1.4 | Telefonska številka: ..........................................., E-pošta: …………………………………… |

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| 1. PODATKI O BANČNEM RAČUNU (Izpolnite čitljivo in s tiskanimi črkami!)
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| Številka transakcijskega računa (TRR) vlagatelja za splošno nakazilo nepovratnih sredstev:Banka: .......................................................................................................................................

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| Popolna številka TRR: |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |

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* *V primeru nakazila subvencije vsakemu posameznemu solastniku večstanovanjske stavbe oziroma vsakemu posameznemu soinvestitorju v MKČN posebej, je potrebno vlogi predložiti izpolnjen seznam/obrazec s podatki o bančnih računih, ki je priložen tej vlogi.*

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| 1. PODATKI O IZVEDBI UKREPA (Izpolnite čitljivo in s tiskanimi črkami!)
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| 3.1 | Naslov stavbe, priključene na MKČN: …..................................................................................Lokacija vgradnje MKČN: Parc. št.: ……………………………, Katastrska občina: ……………………………………. |
| 3.2 | Podatki o MKČN:Tip in proizvajalec: ………........................................................................................................Zmogljivost čiščenja (PE): ……………………………………..……………………..………Leto vgradnje: ………................................................................................................................  |
| 1. PODATKI O VIŠINI SREDSTEV (Izpolnite čitljivo in ustrezno prekrižajte!)
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| 4.1 | Nabavna vrednost MKČN z DDV (v EUR): ……….............................................................. |
| 4.2 | Izjavljam, da: za namen nakupa in vgradnje MKČN iz te vloge ni bila dodeljena državna pomoč; je bila za namen nakupa in vgradnje MKČN iz te vloge dodeljena državna pomoč v višini: …..………............................. EUR, in sicer iz naslednjih virov: ................................................................................................................................................... |

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| 1. PODATKI O LASTNIKIH (S podpisom se lastniki strinjajo z oddajo vloge!)
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| 5.1 | **Lastniki stavbe**, ki je priključena na MKČN:

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| IME, PRIIMEK | NASLOV | DELEŽ | PODPIS |
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| 5.2 | **Lastniki zemljišča**, na katerem je vgrajena MKČN:

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| IME, PRIIMEK | NASLOV | DELEŽ | PODPIS |
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| 1. PRILOGE K VLOGI (Ustrezno prekrižajte!)
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| 6.1 |  | kopija dokazila, iz katerega izhaja, da je na MKČN priključeni objekt legalno zgrajen |
| 6.2 |  | kopija vodnega soglasja  |
| 6.3 |  | kopija ocene obratovanja/poročila o opravljenih prvih meritvah  |
| 6.4 |  | kopija izjave o lastnostih MKČN |
| 6.5 |  | kopija računa |
| 6.6 |  | dokazilo o plačilu računa |
| 6.7 |  | fotografije o vgradnji MKČN |
| 6.8 |  | kopija potrdila o plačilu upravne takse |
| 6.9 |  | pooblastilo vlagatelju za oddajo vloge |
| 6.10 |  | dokazilo iz katerega izhaja, da je za oddajo vloge pooblaščen upravnik in da so lastniki z vlogo upravnika seznanjeni (v primeru da je vlagatelj upravnik) |
| 6.11 |  | dogovor lastnikov o lastništvu MKČN, z navedbo osebe, ki je zadolžena za upravljanje MKČN, in njenimi kontaktnimi podatki |

1. IZJAVA O SPREJEMANJU POGOJEV RAZPISA

Podpisani izjavljam, da:

* so vsi v vlogi navedeni podatki resnični,
* bom v primeru zamolčanja resničnih dejstev ali posredovanja lažnih podatkov, ki bi vplivali na dodelitev sredstev ali v primeru nenamenske porabe sredstev, dodeljena nepovratna sredstva vrnil, skupaj z zakonitimi zamudnimi obrestmi od dneva nakazila sredstev,
* bom dovolil morebitni kontrolni ogled izvedbe ukrepa pooblaščenemu predstavniku Občine Kamnik v času do največ šest mesecev po nakazilu nepovratnih sredstev.

Kraj: .............................., dne: ..............................

Podpis vlagatelja: ......................................

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| **PODATKI O BANČNIH RAČUNIH:*** **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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| * **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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| * **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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* **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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* **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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| Popolna številka TRR: |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |

* **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:Banka: .................................................................PE: ..............................................................

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| Popolna številka TRR: |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |

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* **Ime in priimek**: ...........................................................................................................

Številka transakcijskega računa (TRR) prosilca za splošno nakazilo nepovratnih sredstev:

Banka: .................................................................PE: ..............................................................

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| Popolna številka TRR: |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |