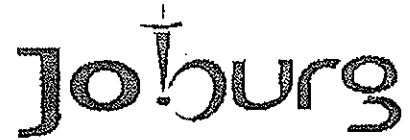


**DEVELOPMENT PLANNING  
&  
URBAN MANAGEMENT**



**Building Control**

APPLICATION FOR APPROVAL OF BUILDING PLANS

Building Plans Submissions  
Metropolitan Centre, 158 Loveday Street  
PO Box 30848, Braamfontein 2017  
Telephone: 011-407 6111 Fax: 011-403 2492

INFORMATION REQUIRED FOR SUBMISSION	YES	NO	ATTACHED	
			YES	NO
Title Deed Required				
Zoning Required				
SG Diagram Information Required				
SDP Required				
Engineer's Certificate Required				
Building Line Relaxation Required				
Neighbour's Consent Required				
Engineering Service Contributions – letter/receipt				
SACAP Registration Form				
Number of Units				

**REFERENCE NO.:**

**DETAILS OF PROPERTY TO BE DEVELOPED**

STAND NO.: .....

TOWNSHIP: .....

STREET FRONTAGE: .....

**DETAILS OF REGISTERED OWNER/S OF PROPERTY**

NAME: ..... TITLE .....

RESIDENTIAL ADDRESS: .....

..... CODE .....

TEL: (H) ..... (B) ..... (C) ..... Fax: .....

E-MAIL: .....

SIGNATURE: ..... ID NO: ..... DATE: .....

I declare that I have personally checked the Title Deeds or any other documents for the property concerned and that the proposed work is not contrary to any restrictive conditions or servitudes applicable thereto, and in the event of such contraventions will bear the sole responsibility to rectify aforesaid contraventions. The author of the plans is authorized to make amendments to the application drawings as deemed necessary by the Council.

I hereby declare that I am:     the registered owner     sectional title holder (POA)  
 tenant (POA)     legal representative     other, (POA) state designation .....

DETAILS OF APPLICANT			
OWNER <input type="checkbox"/>	AUTHORISED AGENT <input type="checkbox"/>	ARCHITECT <input type="checkbox"/>	
NAME: .....			TITLE .....
POSTAL ADDRESS: .....			
.....			
.....			
.....			
CODE .....			
TEL: (H) .....		(B) .....	
(C) .....		Fax: .....	
E-MAIL: .....			
NAME OF ARCHITECT: .....			SACAP REG NO: .....
SIGNATURE: .....		ID NO: .....	
DATE: .....			

As a customer Courtesy we will contact you as soon as the plan is approved or referred.  
How would you like to be contacted?

- E-mail     
  Post     
  SMS     
  Telephone
- Person to be contacted?     
  Owner of Property     
  Author of Plan / Applicant

**FOR OFFICE USE ONLY**

FEES ASSESSMENT					
Area m <sup>2</sup>	Rate / m <sup>2</sup>	Fees Payable	Estimated Value	Rate	Fees Payable
m <sup>2</sup>	R	R			R
m <sup>2</sup>	R	R	Reproduction		R
m <sup>2</sup>	R	R			
m <sup>2</sup>	<b>Total area (m<sup>2</sup>)</b>		<b>Total Payable</b>		R

ASSESSED BY ..... DATE .....

NATURE OF BUILDING WORK PROPOSED				
Type	New	Alts	Add	Area (m <sup>2</sup> )
Office				
Retail				
Industrial				
Commercial				
Residence				
Other				
			<b>Total</b>	

ASSESSMENT			
Building Fee		R	
Reproduction Fee		R	
Hoarding Fee		R	
<b>TOTAL</b>		R	
Application Received			
Fees Paid			
Receipt No.			