

ETHEKWINI MUNICIPALITY

SUSTAINABLE DEVELOPMENT AND CITY ENTERPRISES

Development Planning, Environment and Management Unit
Development Applications & Approvals

Application No: FOR OFFICIAL USE ONLY



APPLICATION IN TERMS OF SEC. 4(2) OF ACT NO. 103 OF 1977

Please Tick () the Appropriate boxes & Complete all documentation in BLACK INK only

Proposal:	<input type="checkbox"/> New	<input type="checkbox"/> Additional / Alterations	<input type="checkbox"/> M.B.W (Minor Building Work)	<input type="checkbox"/> Deviation to Approved plan number :
Residential:	<input type="checkbox"/> Dwelling		<input type="checkbox"/> Townhouse	
	<input type="checkbox"/> Flat		<input type="checkbox"/> Tourism / Accommodation / Casino	
	<input type="checkbox"/> No. of Units (specify) (where Townhouse or Flats selected above) :		Units	
Non-Residential:	<input type="checkbox"/> Office / Banking		<input type="checkbox"/> Industrial / Warehousing / Workshop	
	<input type="checkbox"/> Hospital / Clinics		<input type="checkbox"/> Shopping Space	
	<input type="checkbox"/> School / Creche / University / Technikon / Library		<input type="checkbox"/> Worship / Sports / Recreational Clubs	
Within:	<input type="checkbox"/> Other Non-Residential (specify)			
	<input type="checkbox"/> Ethekekwini	<input type="checkbox"/> Former Township / R293 Areas	<input type="checkbox"/> Council Strategic Project	<input type="checkbox"/> Government / Courtesy application
Proposed:	Value: R :		Projected cost of proposed building work – required for statistical purposes for Statistics SA, not for valuation purposes	
Proposal contains:	Encroachment/s into/over/under Council property or servitude area in favour of the Local Authority		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of Works Proposed				

New and / or Additional Floor Area: (For fee calculation only) Additional schedule on separate sheet may be submitted where space or categories is not adequate. Format to be as shown to right.	Site Area	m ²	Definition: Floor Area - means the total covered plan area of all floors contained within the outer extremities of a building. Explanation: The floor area for Submission Fee calculation is determined as follows: The floor area is taken as the total plan area of every floor measured from the external face of the external walls (and the face of retaining wall in contact with the ground) ie: overall dimensions of building are used for calculation of floor area, NOT internal room dimensions. F.A.R / P.A.R / Coverage areas are NOT to be used in calculating the proposed new or additional areas Exceptions: Lift shafts, service duct areas are excluded on each floor except the lowest floor except on multi-storied building where service ducts are required to be sealed between floors due to fire requirements, then such service ducts are included into the floor area calculation; Staircases, travelators, escalators etc. are included on all floors except the last or upper most floor served by such service;
	Basement 1	m ²	
	Lower / Ground Floor	m ²	
	Upper / Ground Floor	m ²	
	1 st Floor	m ²	
	2 nd Floor	m ²	
	3 rd Floor	m ²	
	4 th Floor	m ²	
	5 th Floor	m ²	
	Penthouse	m ²	
	Plant / Lift Motor Rms	m ²	
Total Floor Area	m ²		

Property details:	Street Address:	
	Age of Exist Building/s	Yrs
	Suburb:	
	Cadastral Description (Erf number):	
NOTE: The OWNER is responsible for ensuring compliance with the KWAZULU-NATAL HERITAGE ACT, 1997, Act No. 10 of 1997 is complied with prior to submitting an application to the Local Authority for consideration. ANY & ALL development, but not limited to new structures, the demolition of and / or alterations or additions to structures, on sites that contain existing buildings older than 60 years, require permits to be obtained from Amafa aKwa-Zulu Natali prior to Council approval.		

Author's details:	[Non-compliance with the Submission Checklist will result in the Application being refused creating un-necessary delays for the Owner / Applicant.]	
	Name / Arch. Practitioner:	Profession:
	SACAP Reg. number:	SACAP Architectural Compliance Certificate, fully completed, to accompany this form upon submission.
	Contact Details: (W)	(Cell)
	Signature:	Date
NOTE: The Owner & Author are responsible for tracking the status of the application once submitted to the Council.		

Applicant / Correspondent	[One of the following methods of communication will be used to communicate the Council's decision.]	
	Applicant / Correspondent's Name:	
	Postal Address:	
	Contact Person for Decision Notices	Code:
	Email:	Fax:
NOTE: Any decision notice will be directed to both the Owner and Correspondent with confirmation of receipt being on proof of sending. Reasons for the refusal, where applicable, will be provided at the time of collection.		

The reasons for a refusal will not be read out over the phone.

Property Owner's Details: [Non-compliance with the Submission Checklist will result in the Application being refused creating un-necessary delays for the Owner / Applicant.]

Owners Name: _____ Mr/Mrs/Miss

Owners Name: _____ Mr/Mrs/Miss

Domicilium Citandi et Executandi _____
(Physical Address)

Code: _____

Postal Address: _____

Code: _____

(W) _____ (Fax) _____ (Cell) _____

(H) _____ (email) _____

DECLARATION BY OWNER

I/We declare that I/we have personally checked the Title Deeds or any other document for the property concerned and that the proposed work is not contrary to any restrictive conditions or servitudes applicable thereto. I/We further declare that the boundary beacon pegs conform with positions as per the applicable Approved SG Diagram. I/We declare to that the application does not conflict with any other applicable laws, eg.: KWAZULU-NATAL HERITAGE ACT, 1997, etc., and that ALL information as provided is true and correct. In the event of any contraventions, I/we will bear the sole responsibility to rectify the aforesaid contraventions.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

POWER OF ATTORNEY

I/We _____ (Owner/s Name)
being the registered owner/s of the property on which the proposed work is to be undertaken, hereby nominate, constitute and appoint,

_____ (Name of Appointee) ID No.: _____

and / or

_____ (Name of Appointee) ID No.: _____

with power of substitution to be my/our true and lawful attorney and agent with respect to this application, to sign all Local Authority documents / plans and provide such information as is required of an owner by the National Building Regulations and to do whatsoever shall be necessary as effectively as I could do if personally present and hereby promising to ratify and confirm all that my agent shall lawfully do by virtue hereof.

Owner's Signature: _____ Date: _____

NOTE: This P.O.A does not authorise an Architectural professional to sign the SACAP Architectural Compliance Certificate on behalf of the Owner / Authorised Agent.

AWNING / TIMBER DECK INDEMNITY (to be completed where applicable)

I/We _____ (Owner/s Name)
being the registered owner/s of the property on which the proposed work is to be undertaken, hereby indemnify the eThekweni Municipality (herein after referred to as "the Council") and hold it harmless against:

1. Liability in respect of any claims which may be made against the Council arising out of damage to the property, whether movable or immovable, of any third parties, including any consequential damage, directly or indirectly flowing from any physical damage to such property,
2. Liability in respect of the death or injury to any person, and any consequential damage or loss directly or indirectly flowing therefrom,
3. Any claims in respect of any loss or damage suffered by any person and any consequential loss or damage directly or indirectly flowing therefrom,
4. Any legal costs or expenses reasonably incurred in connection with claims or actions arising out of the foregoing;

Wherever the damage, loss injury or death contemplated in 1, 2 & 3 above is due to or arising out of, whether directly or indirectly, the erection of the awning/s and/or timber deck/s by or on behalf of the registered owner.

Owner's Signature: _____ Date: _____
(Registered owner of property)

Note:

1. Above is applicable for awnings and/or timber decks on residential property only.
2. Indemnity is applicable for timber decks not exceeding 1.5m above finished ground level.

Subform - 01062008

ADDITIONAL REQUIREMENTS

Sewer connection to the Local Authority sewer:

Size Required:

Connection is:

Connected by:

Yes

100Ø

1st

L/A Plumber

No

150 Ø

2nd

Private Reg. Plumber

FOR OFFICE USE ONLY		RECEIVED BY : (Print Name & Sign)			
	AMOUNT	DEBIT NUMBER	DATE	RECEIPT NUMBER	DATE
Building Plan Fee	R				
Sewer Conn. Fee	R				
Water Conn. Fee	R				
Additional Fee	R				
Other fee	R				
REFUND DUE	R			Signature :	