

APPLICATION FOR THE APPROVAL OF BUILDING PLANS

(Complete in black ink)

APPLICATION NUMBER:	OFFICE:
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PROPERTY

PORTION NUMBER		ERF NUMBER	
TOWNSHIP		EXTENSION	
STREET NAME		STREET NUMBER	
TYPE OF WORK TO BE EXECUTED	New		New Proposal
	Re-Roofing		Additions
	Preliminary sketch		Swimming Pool
	Walls		Amended
	Minor building		Renewal
	Fuel Pumps/Gas Installation		Antenna/Mast
	Tents For Events		Other
TYPE OF BUILDING	Dwelling-house smaller than 30m ²		Dwelling-house 30-80m ²
	Dwelling-house larger than 80m ²		Townhouses
	Block of flats		Tourism accommodation and casino's
	Other residential buildings		Office and banking space
	Shopping space		Industrial and warehouse space and workshops
	Church, sports and recreation clubs		Hospitals and clinics
	Private all Other space (Garages)		Private Schools, crèches, Hospitals, clinics and libraries
	Public all Other space		Public Schools, crèches, universities, technicons and libraries

SITE DEVELOPMENT PLAN (if applicable)

SITE DEVELOPMENT PLAN NUMBER		DATE APPROVED	
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AREA – NEW WORK

NEW MAIN BUILDINGS	<i>m²</i>	NEW OUTBUILDINGS	<i>m²</i>
AREA OF ADDITIONS	<i>m²</i>	AREA ALTERATIONS	<i>m²</i>
UNITS TOWNHOUSES		UNITS BLOCK OF FLATS	

OFFICE USE ONLY

TARIFF	R	VOTE NUMBER	
RECEIPT NUMBER		DATE	

STAKEHOLDER DETAILS**HANDED IN BY**

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		I D NUMBER	
		GENDER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	
SACAP REGISTRATION NUMBER		SACAP CATEGORY OF REGISTRATION	

ADDRESS DETAILS (WORK)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

ADDRESS DETAILS (HOME)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

POSTAL ADDRESS

POSTAL TYPE		POSTAL NUMBER	
POSTAL CITY		POSTAL CODE	

COMMUNICATION DETAILS

E-MAIL ADDRESS			
CELL PHONE		HOME PHONE	

SIGNATURE

SIGNATURE		DATE	
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REGISTERED OWNER OF PROPERTY

(To be completed by all registered owners of property)

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		I D NUMBER	
		GENDER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	
SACAP REGISTRATION NUMBER		SACAP CATEGORY OF REGISTRATION	

ADDRESS DETAILS (WORK)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

ADDRESS DETAILS (HOME)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

POSTAL ADDRESS

POSTAL TYPE		POSTAL NUMBER	
POSTAL CITY		POSTAL CODE	

COMMUNICATION DETAILS

E-MAIL ADDRESS			
CELL PHONE		HOME PHONE	
WORK PHONE		PREFERRED COMMUNICATION TYPE	
HOME FAX		WORK FAX	

SIGNATURE

SIGNATURE		DATE	
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TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		I D NUMBER	
		GENDER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	
SACAP REGISTRATION NUMBER		SACAP CATEGORY OF REGISTRATION	

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STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

POSTAL ADDRESS

POSTAL TYPE		POSTAL NUMBER	
POSTAL CITY		POSTAL CODE	

COMMUNICATION DETAILS

E-MAIL ADDRESS			
CELL PHONE		HOME PHONE	
WORK PHONE		PREFERRED COMMUNICATION TYPE	
HOME FAX		WORK FAX	

SIGNATURE

SIGNATURE		DATE	
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ARCHITECT/DRAUGHTSPERSON

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		I D NUMBER	
		GENDER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	
SACAP REGISTRATION NUMBER		SACAP CATEGORY OF REGISTRATION	

ADDRESS DETAILS (WORK)

STREET NUMBER		STREET NAME	
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STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

POSTAL ADDRESS

POSTAL TYPE		POSTAL NUMBER	
POSTAL CITY		POSTAL CODE	

COMMUNICATION DETAILS

E-MAIL ADDRESS			
CELL PHONE		HOME PHONE	
WORK PHONE		PREFERRED COMMUNICATION TYPE	
HOME FAX		WORK FAX	

SIGNATURE

SIGNATURE		DATE	
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AGENT/SPECIAL POWER OF ATTORNEY

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		I D NUMBER	
		GENDER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	

ADDRESS DETAILS (WORK)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

ADDRESS DETAILS (HOME)

STREET NUMBER		STREET NAME	
AREA NAME		POSTAL CODE	

POSTAL ADDRESS

POSTAL TYPE		POSTAL NUMBER	
POSTAL CITY		POSTAL CODE	

COMMUNICATION DETAILS

E-MAIL ADDRESS			
CELL PHONE		HOME PHONE	
WORK PHONE		PREFERRED COMMUNICATION TYPE	
HOME FAX		WORK FAX	

SIGNATURE

SIGNATURE		DATE	
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I/WE (Owner)		ID NUMBER	
the undersigned, nominate, constitute and appoint the above Agent			
Erf		SUBURB	
and in general to effect the application and to do whatever I/we would do if I/we were present in person and acting in the matter; and I/we hereby ratify, allow and confirm, and promise and agree to ratify, allow and confirm everything my/our attorney(s) and agent(s) may do or may permit to be done legally in terms of this power of attorney.			
SIGNATURE (Owner)		DATE	

INFORMATION REQUIRED FOR SUBMISSION

(All documents must be original or certified copies)

Office use

Zoning Certificates with approved land-use rights	Geomatics	
SG diagram	Geomatics	
Drainage diagram	Water and sanitation	
Title deed/Letter of ownership (tribal property)/ Leasehold	Owner	
3 x black print on white background, colour in one according to NBR requirements	Owner	
Latest service statement – up to date (water and lights)	Owner	
Consent letter in group housing/Sectional title	Board of trustees/Co-owner	
Homeowners' Association - Proof of approval/stamp	Homeowners' Association	
Power of attorney (if applicable)	Schedule 4: Architectural compliance certificate	
SACAP	Building Office / Architect	

COLOURING OF PLANS

One copy of the plans and drawings must be coloured as indicated below:

PLANS AND SECTIONS		SITE PLAN		DRAINAGE	
New masonry	Red	Proposed work	Red	Drain and soil pipes	Brown
New concrete	Green	Existing work	No colour	Waste pipes	Green
New iron or steel	Blue	Demolitions	Black dotted lines	Soil and combined vents	Red
New wood	Yellow				
New glass	Black				
Existing materials	Grey				
Other materials	Any colour other than the above			Stormwater drains	Black

PLAN SCALES

Plans, drawings and diagrams must be drawn to a suitable scale selected from one of the scales below:

Site plans	1:1000, 1:500, 1:300, 1:200 or 1:100
Plumbing installation drawings	1:200, 1:100 or 1:50
Layout drawings	1:100, 1:50 or 1:20
Layout drawings (elevations)	1:200, 1:100, 1:50 or 1:20
Structural details	1:100, 1:50, 1:20, 1:10, 1:5, 1:2 or 1:1
Fire protection plan	1:200, 1:100, 1:50 or 1:20