



BUILDING DEVELOPMENT MANAGEMENT

THIS CITY WORKS FOR YOU

APPLICATION FOR PERMISSION TO OBTAIN COPIES OF APPROVED PLANS

I, the undersigned certify that the information provided is, to the best of my knowledge and belief, correct. I understand that the furnishing of any incorrect information will result in penalties being applied

NOTE: Although Council endeavours to maintain copies of approved plans, if for any reason plans of a particular property are not available, the onus is on the registered owner to have the as built structures measured and drawn-up.

ERF NO	<input type="text"/>	SUBURB	<input type="text"/>
PROPERTY ADDRESS	<input type="text"/>		

SECTION A				
OWNER	<input type="text"/>	<input type="text"/>		
CORRESPONDENCE ADDRESS	<input type="text"/>	<input type="text"/>		
IDENTITY NUMBER	<input type="text"/>			
TEL NUMBER (H)	<input type="text"/>	<input type="text"/>	W	<input type="text"/>

SECTION B To be completed by Governmental Departments/students <i>if applicable</i> .				
NOTE: A letter from the relevant authority must accompany this application				
APPLICANT	<input type="text"/>	<input type="text"/>		
TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>		
ADDRESS	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		

SECTION C				
AUTHORISED PERSON	<input type="text"/>	<input type="text"/>		
TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>		
ADDRESS	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Where the owner is a Company, Close Corporation or Trust the relevant sections of this form are to be completed by an authorised representative thereof and/or a letter of authority is to be provided. Should the owner be a Body Corporate the relevant sections of this form are to be completed by the Chairperson or Managing Agent and/or a letter of authority is to be provided.				

SIGNATURE: _____
Registered owner

DOCUMENT/S SUPPLIED BY APPLICANT PLAN AVAILABLE (COUNCIL HAS A COPY)		FOR OFFICE USE			
		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CHECKED BY:	<input type="text"/>	DATE	<input type="text"/>		
RECEIPT No	<input type="text"/>	DATE	<input type="text"/>		
COPIES RECEIVED BY APPLICANT: _____					
THIS CITY WORKS FOR YOU ESI SIXEKO SISEBENZELA WENA HIERDIE STAD WERK VIR JOU					