



BUILDING PLAN APPLICATION

In terms of Section 67 bis of The Town Planning Ordinance No27 of 1949 (Natal) as amended, and Section 4 of The National Building Regulations and Building Standards Act

FOR OFFICIAL USE ONLY

LAND USE MANAGEMENT BRANCH

Application no:

PA / /2020/
REL / /2020/

DEVELOPMENT APPLICATIONS & APPROVALS BRANCH

Application no:

Please Tick () the appropriate boxes

Property Details:	Street Address:		Suburb:
	Cadastral Description: <i>(Erf number as per Title Deeds):</i>		Scheme:
Description of Proposed Works	<input type="checkbox"/> New <input type="checkbox"/> Alterations & Additions <input type="checkbox"/> MBW	<input type="checkbox"/> Deviation to Previous Approval: <i>(Provide Application Number)</i>	Is a Relaxation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat <input type="checkbox"/> Tourism / Accommodation / Casino <input type="checkbox"/> Other Residential: Specify _____	Age of Exist Building/s: _____ Years <i>(NB: National Heritage Act implication)</i>	Proposed New / Additional Floor Area: _____ m ²
	<input type="checkbox"/> Office / Banking <input type="checkbox"/> Shopping Space <input type="checkbox"/> Industrial / Warehousing / Workshop <input type="checkbox"/> Worship / Sports /Recreational Clubs <input type="checkbox"/> Hospital / Clinics <input type="checkbox"/> School/Creche/ University/Technikon/Library <input type="checkbox"/> Other Non-Residential: Specify _____	Where Townhouse or Flats selected, Specify the No. of Units _____	Total Value of Proposed building work: R <i>(where zero additional area)</i>
		No. of Buildings (specify) _____ <i>(Only where Townhouse / Flats / Tourism / Casino / Accommodation or Other selected)</i>	Fee FOR OFFICIAL USE ONLY R R
Property Owner's Details and Declaration	Owner Name/s: <i>(as identified in the Title deeds)</i>		
	Owner Identification Number/s:		
	Preferred method of contact for notification: <input type="checkbox"/> Cell <input type="checkbox"/> Email <i>(This is essential for communication purposes)</i>	Cell number: _____	
		Email address: _____	
	Physical address (if different from the above): _____		
METRO BILLING ACCOUNT NUMBER: <i>The fee is raised to this account</i>		Receipt number: _____	
NOTE: An application will only be valid on full payment of the applicable fee		Date of payment: _____	
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 further declare that the application does not conflict with any other applicable laws, for which the owner is responsible for ensuring compliance prior to submitting this application eg: National Heritage Resources Act, 1999, National Environmental Management Act, 1998, Local Government: Municipal Systems Act, 2000, 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. I hereby undertake to complete the building work in accordance with the approved building plans, including all endorsements and attachments. I am fully aware of the fact that a Certificate of Occupancy must be obtained from the Municipality prior to the premises being occupied.			
Owner Signature/s: _____ <i>(Written permission is required where the Owner is a Company, Trust, Religious organization, Body Corporate, home owners Association etc.</i> Please refer to http://www.durban.gov.za/City_Services/development_planning_management/Pages/default.aspx , for more information)			
Applicant's Details: <i>(where not the owner)</i>	Applicant Name:	Preferred method of contact for notification: <input type="checkbox"/> Cell <input type="checkbox"/> Email	
	Email address:	Cell number: _____	
Author's Details:	Name of Author:	Preferred method of contact for notification: <input type="checkbox"/> Cell <input type="checkbox"/> Email	
	Email address:	Cell number: _____	
	Registration Body: <input type="checkbox"/> SACAP <input type="checkbox"/> ECSA <input type="checkbox"/> Other: Specify: _____	Registration Number: _____	

SUBMISSION CHECKLIST AND DECLARATION

Further information can be found at

http://www.durban.gov.za/City_Services/development_planning_management/Pages/default.aspx

<p>General requirements provided</p>	<input type="checkbox"/> Record of Ownership (example : Title Deed, PTO) <input type="checkbox"/> SG diagram [Township layout extract] <input type="checkbox"/> 3 rd Party Clearances (where necessary) <input type="checkbox"/> SANS 10400-A Form 1 <input type="checkbox"/> SANS 10400-A Form 2 (where necessary) <input type="checkbox"/> Rational Design & Assessment & PI Cover (where necessary) (Specify) _____ <input type="checkbox"/> Plans legible / adequate contrast <input type="checkbox"/> Upper case text min. 2.5mm high <input type="checkbox"/> List of deviations clearly cross reference on plans <input type="checkbox"/> Subdivision registered <input type="checkbox"/> Proof of registration where Notarial Tie or Consolidation	<p>ISSUES AFFECTING THESITE</p> <input type="checkbox"/> There is a Heritage impact on this site <input type="checkbox"/> The site is covered by DFA conditions <input type="checkbox"/> the site is affected by DMOSS / Environmentally sensitive (incl. adjacent water courses) <input type="checkbox"/> the site is within a Flood plain <input type="checkbox"/> There is an Encroachment into/over/under Council property or servitude area in favour of the Local Authority <input type="checkbox"/> The soil on the site is Unstable <input type="checkbox"/> The proposal is in a LEFTE Area
	<p>Check online GIS http://gis.durban.gov.za/gis_Website/internetsite/#top</p>	

<p>Floor Plans, Sections, Elevations & Schedule of Areas</p>	<p>Title block:</p> <input type="checkbox"/> Owners name & Signature <input type="checkbox"/> Full Description of proposal <input type="checkbox"/> Erf (cadastral) description <input type="checkbox"/> Street Address <input type="checkbox"/> Author name & Registration	<p>Site Plan:</p> <input type="checkbox"/> Full site plan provided <input type="checkbox"/> North Point provided & correct <input type="checkbox"/> Corner beacon levels or contour lines shown <input type="checkbox"/> Position & name/s of street frontages <input type="checkbox"/> Site dimensions provided & correct as per SG diagram <input type="checkbox"/> Servitudes & services shown (as per SG diagram) <input type="checkbox"/> Existing buildings shown on & Adjacent property <input type="checkbox"/> Driveway & street access point (w/n) <input type="checkbox"/> Onsite services layout shown - incl. storm water, sewer, water & connections <input type="checkbox"/> Building Lines, Side & Rear spaces shown
	<p>Schedule of Areas:</p> <input type="checkbox"/> Site Area (Nett) <input type="checkbox"/> Existing Floor Area <input type="checkbox"/> Proposed Floor Area <input type="checkbox"/> Total Floor Area (Ex & New) <input type="checkbox"/> Existing Coverage <input type="checkbox"/> Proposed Coverage <input type="checkbox"/> Total Coverage (Ex & New) <input type="checkbox"/> Height of all structures	

<p>Author Declaration</p>	<p>The appointed Registered Professional is reminded of his / her responsibility to ensure that the required level of compliance is achieved in the design of the proposal through one of the methods contained in Reg. AZ4 of the National Building Regulations & Building Standards Act. I acknowledge that non-compliance with the applicable legislation will delay the approval of the application.</p> <p>I understand that repeated applications not meeting standards will be reported to the South African Council for Architectural Professionals.</p> <p>Declaration signed by:</p> <p>Name: _____ Signature: _____</p>
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<p>FOR OFFICE USE ONLY</p>	<p>This application has met the minimum requirements for Submission</p>	<p>Notes:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	<p>Portal Reference Number:</p>	
	<p>Name of Official:</p>	
	<p>Date:</p>	
	<p>Catalytic Project: Authorisation received and filed.</p>	