SCHEDULE 4: ARCHITECTURAL COMPLIANCE CERTIFICATE

SOUTH AFRICAN COUNCIL FOR THE ARCHITECTURAL PROFESSION

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This Certificate is to be completed and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4) as the authorised person responsible.
1. (**Company Resolution to be attached**, along with applicable drawings and documentation, to the local authority concerned for approval to build.
2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person.
Complete or indicate with a cross where applicable

A.1. PROJECT DETAILS

Authority:			
Stand no:		**Township:**	
Street address:			
Proposed project:			

A.2. PROJECT CLASSIFICATION AS PER SACAP REGULATIONS FOR THE IDENTIFICATION OF WORK SCHEDULE 2

NBR Building Classification/s:				**Code/s:**	
Complexity scale:	LOW		MEDIUM		HIGH

A.3. SENSITIVITY SCALE

Sensitivity scale:	LOW		MEDIUM		HIGH		
ENVIRONMENTAL Impact Assessment:	NOT APPLICABLE	REQUIRED (Included)	**National Heritage Site:**	**Year of Declaration:**			
HERITAGE Impact Assessment:	NOT APPLICABLE	REQUIRED (Included)	**National Heritage Building:**	**Year of Declaration:**		**Year/s of construction:**	
SOCIAL Impact Assessment:	NOT APPLICABLE	REQUIRED (Included)	**All other buildings**	**Year/s of construction:**			

B. REGISTERED PERSON AUTHORISED IN TERMS OF ARCHITECTURAL PROFESSIONS ACT 44 OF 2000, Sections 18, 26(3) & 26(4)

Registered Person:						
Registration number:		**Professional title:**	Pr Arch	Pr SArchT	Pr ArchT	Pr ArchDraught
Architectural practice/firm:						
Postal address:					**Code:**	
Physical address:					**Code:**	
Telephone:	[ ]	**E-mail address:**				
Facsimile:	[ ]	**Mobile phone:**	[ ]			

I,_____being the abovementioned authorised responsible Professional Registered Person, acting for and on behalf of the Architectural Practice as above, have accepted the appointment and hereby undertake to accept responsibility for providing the respective local authority with such drawings, details and particulars as it may require in terms of the National Building Regulations for approval to build. I, the undersigned also hereby confirm that the project classification and site classification information provided above is correct in all aspects, and that my appointment to this project is not in variance with my individual registration conditions and Code of Conduct under the South African Council for the Architectural Profession.

SIGNED (Professional Registered Person)_____**DATE**_____

C. PROPERTY OWNER/AUTHORISED AGENT

Postal address:				**Code:**	
Physical address:				**Code:**	
Telephone:	[ ]	**E-mail address:**			
Facsimile:	[ ]	**Mobile phone:**	[ ]		

I,_____being the Owner/Authorised Agent of the above property, have appointed the Professional Registered Person, whose details appear above, as the Registered Person in terms of the Architectural Professions Act No 44 of 2000, and duly authorised representative for the Architectural Practice as above, for the proposed project detailed herewith **to obtain approval to build from the local authority concerned**.

SIGNED (Property Owner/Authorised Agent)_____**DATE**_____

D. LOCAL AUTHORITY

AUTHORITY STAMP	This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority concerned.
DATE	