



City Planning, Development and Regional Services
 Department
Building Control

PO Box 3242 | Pretoria | 0001

APPLICATION FOR THE APPROVAL OF SITE DEVELOPMENT PLANS

(Complete in black ink)

APPLICATION NUMBER: AN/ / /	OFFICE:
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PROPERTY

PORTION NUMBER		ERF NUMBER	
TOWNSHIP		EXTENSION	
STREET NAME/NUMBER		ERF SIZE	
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	m ²	NEW OUTBUILDINGS	m ²
AREA OF ADDITIONS	m ²	AREA ALTERATIONS	m ²
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		ID NUMBER	
GENDER			

OR

COMPANY NAME OR TRUST NAME		COMPANY OR TRUST REGISTRATION NUMBER	
COMPANY OR TRUST REPRESENTATIVE			

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		WORK FAX	
HOME FAX		PREFERRED COMMUNICATION TYPE	

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		ID NUMBER	
GENDER			

OR

COMPANY NAME OR TRUST NAME		COMPANY OR TRUST REGISTRATION NUMBER	
COMPANY OR TRUST REPRESENTATIVE			

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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ARCHITECT/DRAUGHTSPERSON

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		ID NUMBER	
COMPANY NAME		COMPANY REGISTRATION NUMBER	
COMPANY REPRESENTATIVE		GENDER	
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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AGENT/SPECIAL POWER OF ATTORNEY

TITLE		INITIALS	
FULL NAME		SURNAME	
PREFERRED NAME		ID NUMBER	
GENDER			

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/ Representative)		ID NUMBER	
the undersigned, nominate, constitute and appoint			
I/WE (Agent)		ID NUMBER	
with the power of substitution to be my/our legal attorney(s)agent(s) in my/our name, place and stead to apply for:			
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 I 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	