

DUTH AFRICAN COUNCIL ARCHITECTURAL PROFESSION

Postal: PO Box 408, Bruma, 2026

Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer

and Queen Street, Bruma, Johannesburg

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ARCHITECTURAL COMPLIANCE CERTIFICATE (Interim IDoW Policy: Board Notice 154 of 2011)

This certificate is to be completed in duplicate 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. A company resolution in support of Item C (where required) and two copies of this Certificate, together with applicable drawings and

- documentation, must be submitted to the local authority concerned for approval to build
- 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 DETAIL				A				
Authority:	Ethekwix	i Municipa	lity					
Stand no:	1991		Township:	Wente	on th			
Street address:	110 Orie	1 Road , 7	oluff					
Proposed project:	Proposed			Pool Area				
A.2. PROJECT CLASS	IFICATION AS PER S	SACAP REGULATION	INS FOR THE ID	ENTIFICATION	ON OF WORK	SCHEDULE	S	
SACAP Building	11.	444-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			Code/s:			
Classification/s:	+4	144						
Complexity scale:		LOW	1	MEDIUM			HIG	iH
A.3. SENSITIVITY SCA	LE _							
Sensitivity scale:		LOW		MEDIUN			HIG	ıH
ENVIRONMENTAL	NOT	REQUIRED	National Her	tage Site:	Year of			
Impact Assessment:	APPEIGAB		No. No. of the last		Declaration Year of		V/-	
HERITAGE	APPLICAB	REQUIRED		tage	Declaration:		Year/s of construction:	
Impact Assessment:			Building:	dinası	Year/s of	•	CONSTR	Jellon.
SOCIAL	APPLICAB	REQUIRED	All other buil	umgs.	constructio			
Impact Assessment: B. REGISTERED PERS			TECTUDAL DDC	EECCIONS			n 10 26/2\ S	2. 26/4)
	ON AUTHORISED II	1-1-	HECTURAL PRO	PESSIONS	ACT 44 OF 20	Joo, Sections	5 10, 20(3)	2 20(4)
Registered Person:	20546	Idlovu Brot	fessional title:	PrArch	PrSArchT	PrArchT	DrA	rchDraught
Registration No: Architectural Practic				CLATON	FISAICIII	FIAICIII	LIA	Chibraught
Postal address:	e: Kanzys 1	Inchitectural	Services.			T	Code:	
Physical address:							Code:	
Telephone:		E-m	ail address:		200000000000000000000000000000000000000		Coue.	
Facsimile:			oile phone:	[063] 3	40 047	8	,	
Tacsillie.	Nalovo	INIOL	nie priorie.	[003]	40 041	2		
C. PROPERTY Name: Postal address:	I Registered Person	who certifies that t	he above inform		DATE_ and correct)		otc No: Code:	
Physical address:	r 1		ail addrana.	1			Joue.	
Telephone:	1 1		ail address:					
Facsimile:	[]	Mot	oile phone:	[079]	944 3	319.		
D. LOCAL AUT	uly authorised repres ne local authority cond operty Owner/Authori	entative for the Arc erned.	This certificaterms of the 26(4) regarding registration of	e Registered as above, as	DATE y to confirm confirms Ancy to perform	ompliance by ct 44 of 2000 the architectroroject in this	the Register, with Sectionary work idea	red Person in ons 26(3) and entified in their and does not in
DATE					thority concern		- 5	