



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: 70 WOODLANDS AVE		Suburb: BELLAIR
	Cadastral Description: (Erf number as per Title Deeds):		Scheme:
Description of Proposed Works	<input type="checkbox"/> New <input checked="" type="checkbox"/> Alterations & Additions <input type="checkbox"/> MBW	<input type="checkbox"/> Deviation to Previous Approval: (Provide Application Number)	
	<input checked="" 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: 60 Years (NB: National Heritage Act implication)	
	<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 350 000 (where zero additional area)	
		No. of Buildings (specify) 2 (Only where Townhouse / Flats / Tourism / Casino / Accommodation or Other selected)	
		Fee FOR OFFICIAL USE ONLY R R	
Property Owner's Details and Declaration	Owner Name/s: (as identified in the Title deeds) T PILLAY AND M PILLAY		
	Owner Identification Number/s: 790524 5075 08 3 790830 0027 08 0		
	Preferred method of contact for notification: <input type="checkbox"/> Cell <input type="checkbox"/> Email (This is essential for communication purposes)	Cell number: 0727974308 / 0741296784	
	Email address: Michelletervinpillay@gmail.com		
	Physical address (if different from the above): 70 WOODLANDS AVE		
METRO BILLING ACCOUNT NUMBER: The fee is raised to this account		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: [Signature] Pillay (Written permission is required where the Owner is a Company, Trust, Religious organization, Body Corporate, home owners Association etc. Please refer to http://www.durban.gov.za/City_Services/development_planning_management/Pages/default.aspx , for more information)			
Applicant's Details: (where not the owner)	Applicant Name: HANEEF SULAIMAN		Preferred method of contact for notification: <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Email
	Email address: haneefom@gmail.com		Cell number: 081 797 3400
Author's Details:	Name of Author: RISHEN MAHADEW		Preferred method of contact for notification: <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Email
	Email address: RISHEN.MAHADEN@GMAIL.COM		Cell number: 071 749 0964
	Registration Body: <input checked="" type="checkbox"/> SACAP <input type="checkbox"/> ECSA <input type="checkbox"/> Other: Specify:		Registration Number: PRARCH 24750935

Further information can be found at

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

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