# LETTER OF CONSENT FOR RELAXATION

APPLICATION NO:[Completed by the Department after su			
Head: Development Planning 166 K.E. Masinga (Old Fort) F DURBAN	,	Date14/12/2021	
Dear Sir / Madam			
PAR	T A. PARTICULARS OF APPLICATION PROPERTY (To be co	ompleted by applicant)	
	ATION OF THE CENTRAL/NORTH SCH RATIONS		
ON*ERF/PORTION/REM ER	F 248		
	DUTE DD MORNINGSIDE		
APPLICANT'S NAME: JO	rge Nicolau of JBN Designs		
	PART B. RELAXATIONS SOUGHT ted by the Applicant and signed by the person granting ConserversEVERSE OF SHEET ON HOW TO COMPLETE FORM	ent)	
Nature of Relaxation	Extent of Relaxation	Signature	
Building Line	From		
Side Space	From .3.0 m to .2.0m on theboundary From m to m on theboundary		
Rear Space	From m tom on theboundary		
Height of Boundary Walls			
	ROM REGISTERED OWNER OF ADJACENT / OPPOSITE F	PROPERTY	
*I/We,			
	, being the **registered owner/s (if in joint owner	rship both spouses to	
sign) of (street address)20 BU			
	had sight of the application plan and memorandum of motivation to the proposed relaxation as stated above.		
Yours faithfully			
*Signature of registered owner // Chairman of Body Corporate // Tr Managing Director of Company // Managing Director of the Share B	Full names (IN BLOCK CAPI ust //		
I.D. Number	Telephone No		
* PLEASE DELETE WHICHEVER			

#### IMPORTANT INFORMATION

- This letter must be delivered to the Land Use Management Branch, by hand to, 166 K.E. Masinga (Old Fort) Road, Durban.
- 2. Office hours: 08h00 to 12h30 Monday-Friday (excluding Public Holidays)

### **DEFINITIONS:**

- 1. **BUILDING LINE**: A line parallel to a fixed distance from any street, public right of way, or road reserve.
- 2. **SIDE SPACE**: Means the area between a line parallel to the side boundary.
- 3. **REAR SPACE**: Means the area between a line parallel to the rear boundary.
- 4. **HEIGHT OF DWELLING**: The height of the dwelling must be indicated in number of storeys.
- 5. **HEIGHT OF WALLS**: Any boundary wall in excess of two (2) metres in height above the existing ground level as viewed from the street or neighbouring property requires the consent of the neighbour. (Individual scheme requirements may vary).

The signature of the consenting registered owner is required adjacent to each block indicating the relaxation being sought by the applicant.

### **IMPORTANT:**

- 1. The purpose of this form is to ensure that you, as the registered owner of the affected property, have had sight of the plan which is to be submitted to the eThekwini Municipality for consideration of the development indicated overleaf and that you understand the implications of the relaxations being sought by the applicant and its potential impact upon your amenities and that you have no objections to the proposal.
- The affected party being requested to give their consent to the proposed use must complete Part B, by providing
  their signature in the third column adjacent to the relaxation sought. In addition, the affected party must complete
  Part C.
- 3. In addition to the signing of this form, the Affected Party is also required to sign acceptance on the plan itself. The Affected Party's name, address, I.D No, telephone number, and signature is to be inserted in a table which is provided by the Applicant on the Plan as indicated below. This is to ensure that you have had sight of the plan to be submitted to the Municipality.

NAME	ADDRESS	I.D. NO.	TEL/CELL NO	SIGNATURE

- 4. Any form which includes an objection, comments or conditions under which the consent is given, shall be considered as an objection to the proposal. In this instance, the applicant will be required to submit a Special Consent Application. As an affected party, you will be notified by registered mail of the Applicant's proposal. You will then have an opportunity to raise your objection by notifying the Applicant and the Department in writing, setting out the reasons for your objection.
- 5. <u>Please note</u>: Where the owner is a Body Corporate, Director or a Member of a Company, Home Owners Association, a Trust or a Close Corporation, an <u>Original</u> signed letter of Authority for the signatory is required.
- 6. Should you have any enquiries with respect to this form and the relevant procedure, please contact the Department using one of the following:

### INFORMATION REGARDING THE SUBMISSION OF YOUR APPLICATION.

OFFICE HOURS: Submission Counter Times: 08h00 to 12h30 weekdays.

## **TELEPHONE NUMBERS FOR THE REGIONS:**

- CENTRAL: +27 31 311 7309 / Fax 031 311 7859/e-mail: Zethu.Madikizela@durban.gov.za / Bella.Phillips@durban.gov.za / Jenesha.Seeban@durban.gov.za
- NORTH: +27 31 311 6063 / Fax 031 311 6034 / e-mail: Nancy.Moonsamy@durban.gov.za
- SOUTH: +27 31 311 5834 / Fax 031 311 5899 / e-mail: Logie.Moodley@durban.gov.za / Thandi.Sishi@durban.gov.za
- INNER WEST: +27 31 311 6265 / Fax 031 701 8863 / e-mail: Nomfundo.Ngubane@durban.gov.za
- OUTER WEST: +27 31 311 2763 / Fax 031 765 5389 / e-mail: zanele.luthuli2@durban.gov.za